



Willamette Sky Counseling

Jennifer Morlok, LMFT

180 W. 12th Ave. Eugene, OR 97401
541-600-2034

February 1, 2019

To Whom It May Concern:

My name is Jennifer Morlok, and I am a licensed mental health clinician in Oregon, and I have been working with Spencer Barrett since 11/19/2018 regarding his mental health assessment and treatment. I am writing this summary on behalf of the request of my client, Spencer Barrett, after his own signed release of records.

Due to some co-morbid complexities, his diagnostic assessment was conducted over a 2-3 session period. Mr. Barrett attended 8 sessions from 11/19/18-1/14/19, including the initial intake. Mr. Barrett has been successful in reducing co-morbid conditions impacting his mental health status and this has allowed for further clarity in diagnoses. There was a question of a specific diagnoses for Mr. Barrett and this was looked at closely.

Mr. Barrett initially came in at a crisis point in his life and he desired mental health assistance and support to work through the immediate challenges and to identify longer term goals as well. Mr. Barrett has gone from presenting as disheveled and in crisis mode, to well groomed, organized and motivated. He continues to work hard to make progress at each session and his success in school and getting a job has evidenced progress. Additionally, Mr. Barrett is a father and husband, and he has been working to support his family and provide a positive environment for both his spouse and daughter. When he first presented for therapy, this was a struggle for him and the relationship was in crisis. However, through various improvements and hard work by Mr. Barrett, he has a home and is providing positive support for his daughter and spouse at this time. Mr. Barrett continues to make progress and a variety of evidenced based practices are being implemented to assist him with his short- and long-term goals. Mr. Barrett has done well with TFCBT, Solution Focused, and EFT therapeutic interventions. Additionally, Mr. Barrett has received medication support from his doctor in an effort to reduce heightened symptoms of anxiety that come on during stressful moments. His treatment is on-going, so various interventions, such as medication support may be updated as he progresses.

Mr. Barrett has been diagnosed with the following:
F10.11 Alcohol Abuse, in remission
F12.21 Cannabis Dependence, in remission
F43.0 Acute Stress Reaction
F60.0 Paranoid Personality Disorder

Mr. Barrett has been successful in staying sober to this date from all substances and he has been participating in medication management to reduce heightened symptoms, along with therapy. Mr. Barrett continues to make improvements and it is recommended that he be available and able to continue with therapy, medication support, and his overall goals to be a positive support for his family and a healthy member of society.

It has been my honor and pleasure to work with Mr. Barrett, as he is an enjoyable individual and he is willing to try various treatment strategies to make improvements. His overall prognosis is good and he will continue to make progress on the stated treatment plan as it is written.

Sincerely,

Jennifer Morlok, LMFT
Jennifer Morlok, LMFT

Intake Assessment (SYS) 11/19/2018

Spencer Barrett MR# 30883907 DOB: 4/18/1994 Gender: M Status: Active
3833 NW Boxwood Dr. Corvallis OR 97330 spencerjbarrett@gmail.com
Care Manager: Jennifer Morlok Allergies: Unknown

Presenting Problem/Complaint

Presenting Problem - Statement of Problem/Complaint (ask "Why now?")

Client presented for therapy wanting further clarification of his mental health status/diagnoses. He stated that his father is a medical doctor and he has concern that client might have schizophrenia. He reported getting a DUI on Friday, 11/16/18, and currently having a court date on Monday 12/3/18 regarding this charge. He did not identify himself as an alcoholic, but he reported periodically binge drinking with friends in social settings. He stated that the night before the accident he had drank quite a bit throughout the night. He went to sleep in the early morning and around 11:00 am he was in a wreck on HWY 58 when he had left to go pick up a friend to hang out. He stated that he was speeding (perhaps around 70 mph) and the tail end of his vehicle began to swerve. His car rotated and hit another vehicle. He stated that he didn't have any injuries so he got out to help the other driver. The other driver was stuck in their vehicle because of the damage. Client reported that pedestrians began to yell at him, so he went to the side of the road. He discussed some after-affect of trauma from the incident. He reported that he had passed all the sobriety tests, except for the breathalyzer. He stated that the police were even surprised he didn't pass because he was very aware and appears sober. He discussed regret and sadness for the accident. He also discussed fear in regards to possibly having to go to jail/prison due to his previous charge of "assaulting" his father during an argument, where he had pulled out a knife. He did serve about 4 months in jail on this charge. He stated that it is classified as a felony, but he is hoping to have this re-looked at. He acknowledged past substance use of a variety of substances including hallucinogens, alcohol and marijuana. He is currently smoking cigarettes but he reports stopping any drinking all together and he has not smoked marijuana in some time. He stated that he will likely stop smoking by the time his wife comes to visit him. He denied being addicted to any one substance, but having issues with occasional binge use. He reported that he truly thought he was sober and that he had slept long enough, but the accident proved otherwise. He is currently having some financial stressors but he has student loans and he is actually doing very well in his classes. He would like to get his mental health evaluated and see what is recommended and what diagnoses he may have. He was informed that a medical/medication referral may be recommended, especially if he may have any elements of psychoses. He stated that he was on Lithium for a period of time, but this seemed to make him too tired and he couldn't concentrate. He reported getting medication from a doctor friend of his father under the idea of the diagnoses schizophrenia, but he has never been officially diagnosed. Through further assessment and evaluation, client did not report hearing or seeing anything that others do not appear to see or hear. He did not feel like he has ever had visions or voices in his head that aren't his own. However, he did report having paranoid thoughts/fear based thoughts not necessarily based on facts and his fears become so big that he gets fixated on them. The paranoia's are usually related to people and social interactions. He often feels that people may be thinking something negative about him. He also reported having some eccentric ideas, but he feels other people just don't understand some of his thinking. He discussed an overall preference for a natural based life style and he had studied under some monks for a period of time and did some community living, but he has realized that education is important for him to achieve to take care of his wife and daughter. He was informed that for further diagnostic clarification, further meetings will have to be done, since his history is slightly complicated. He agreed this would be best. He is hoping to get as much support as possible before his court date on the 3rd. He was scheduled for 3 days/week next week to further diagnose him and to give him support.

Current Symptoms

Addictive behavior
Alcohol abuse
Anxiety/Tension
Concentration Problems
Decreased Appetite
Depression

Functional Impairments

Daily Living (e.g., making

Environmental Problems

Fear	appointments, handling money, making everyday decisions)	Economic Problems
Feelings of guilt/shame	Family Interactions/Involvement	Housing Problems
Financial problems	Fitness/Recreational/Leisure Activities	Problems Related to Interaction with the Legal System/Crime
Food restriction	Marriage/Intimate Relationships	Problems Related to the Social Environment
Grief/loss Issues	Physical Health	Problems with Primary Support Group
Health Concerns	Self Care (e.g., hygiene, grooming, eating right)	
Insomnia	Social Interactions/Involvement	
Irritability		
Low Energy		
Marital/significant other problems		
Paranoia		
Post-trauma symptoms		
Relationship problems		
Worry		

Current Conditions - Narrative Summary/Other

Client reports his own concern about his physical health and his mental health. He would like to figure out what is occurring for him and to see if he does or doesn't have schizophrenia. He would like support around his goals to stay sober and away from substances in general. He would like to build better communication with his wife and to hopefully have a chance to continue with his goals in school and to help raise his daughter instead of being behind bars. He is motivated and open to recommendations. He appears to be very open and honest. He has some struggle recalling past events but overall he can give the general layout. He would also like to work on forgiveness toward his father for what he feels was a mistake on his father's part with the medication for his grandmother during her final days.

History of Presenting Problem/Complaint

Based on client report he has been struggling with some increased mental health concerns the past two years. His father who is a medical doctor has some concern that he may be schizophrenic. He had an incident last summer where he assaulted his father due to his anger and frustration where he felt his dad made a mistake with his grandmother's medication. He was charged and served the 4-5 months. He disagreed with the charge but he felt pressure to do a plea deal. With his recent accident he feels it is just an overall mistake he made and he never wants to repeat it. He is hoping to be able to not have to serve more time so he can continue with school; counseling services; and possible medication to be healthy and productive for himself, his wife, and their baby girl (less than one year old). He reported some heavier social drinking by his parents, but no familial history of alcoholism or other substance abuse/dependence.

Psychiatric History

Psychiatric History - Narrative History/Comments

Minor depression noted in High School with high anxiety at times. More intense struggles in past two years. Paranoid thoughts during high stress events increased in past 1-2 years; no delusions or hallucinations reported.

Family Psychiatric History

Family Psychiatric Hx/Parent(s)

Anxiety

Family Psychiatric Hx/Sibling(s)

Bereavement

Family Psychiatric Hx/Extended Family

Treatment - Outpatient (mother)

Family Psychiatric History - Narrative History/Comments

No known major issues or concerns.

Medical History

Medical History - Narrative History/Comments

No major developmental/medical issues other than a minor heart murmur reported by client. Recent intense/odd behavior in past couple of years. Agitated/aggressive episode with father in past year that lead to 4-5 months in jail for assault with a weapon or threat of use of weapon. No head injuries reported. Client reported intense fear/concern that father may have inadvertently over prescribed or wrongly prescribed his grandmother medication in the hospital when she was sick that possibly in his opinion lead to her death. Some thought processes based on information and some thought processes based on possible paranoia/illogical fear. Client has tried various substances that may be an effort to mask certain symptoms.

Substance Use History

<u>Drug</u>	<u>Dose</u>	<u>Frequency</u>	<u>First Use</u>	<u>Last Use</u>	<u>Onset Abuse</u>	<u>Onset Dep.</u>
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Substance Use History - Narrative History/Comments

Polysubstance use history in the past. Recent DUI and a car crash due to being under the influence of alcohol as reported by client. Current legal court date is set for next Monday, 12/3/18. Long standing history of Cannabis use.

Medications

<u>Description</u>	<u>Start</u>	<u>Stop</u>	<u>Status</u>	<u>Qty/Refills</u>	<u>Sig/Notes</u>
No records found.					

Drug Allergies

<u>Allergen</u>	<u>Status</u>	<u>Reaction</u>	<u>Onset Date</u>
No records found.			

Notes

Referring for medication consult with PCP or PMHNP/PSYCHIATRIST for current high level of anxiety; possible further referral for additional medication if psychoses becomes a rule-in.

Developmental, Educational, Family, and Social/Environmental History

Developmental/Educational History

<u>Developmental Problems</u>	<u>Educational Problems</u>	<u>Current Student Status</u>	<u>Highest Education Completed</u>
None noted/reported		Adult-Fulltime Coll/Tech Sch	Some College

Developmental/Educational Narrative History/Comments

Client has often done well in school and is currently doing well. He finds himself eager to learn and enjoying his time in his classes. He reported meeting all his developmental milestones on time and within a normal range.

Personal/Family History

Social Factors

1 - 2 siblings

Social Supports/Religion

Buddhist

Recent death in family

Interacts/involved with family

1 - 2 children

Interacts/involved with friends

Married

Non-religious

Death of loved one or close friend

Conflict with parents

Personal/Family History - Narrative History/Comments

Client reported having a conflictual relationship with his father at this time, but knowing that his father loves him and

wants the best for him. He reported feeling closer to his mother at this time, but feeling like she will at times just go along with his father. He has some connection with his siblings but he doesn't feel very close to them at this time.

Social/Environmental Status & History

<u>Current Income Source(s)</u>	<u>Legal Status/History</u>	<u>Current Housing Situation</u>
Other (specify below)	Awaiting trial	With spouse in private residence
Student Financial Aid	On parole Prior jail/prison time	In recent transition/moving

Social/Environmental Status & History - Comments/Other

Client reports having a few close friends and feeling very connected with his wife. He recognizes that some of his friends may not be the best influence on him at times.

Supports, Abilities, & Strengths

Patient Strengths (include an assessment of coping skills and spirituality)

Client is very smart, inquisitive, kind, respectful, motivated, eager to learn, loving to his family, friendly, open and honest.

Mental Status			
<u>Appearance</u> Poorly Groomed	<u>Behavior</u> Fidgeting	<u>Attitude</u> *Cooperative <u>Thought</u>	<u>Orientation</u> *Fully Oriented
<u>Mood</u> Anxious	<u>Affect</u> *Appropriate	Eccentric Flight of Ideas	<u>Speech</u>
Sad	Flat	Preoccupations Tangential	Soft
<u>Short-term Memory</u> *Intact	<u>Long-term Memory</u> Mildly Impaired	<u>Fund of Knowledge</u> Mostly Accurate	<u>Intellectual Functioning</u> Above Average
<u>Judgment</u> Poor	<u>Insight</u> Fair		
<u>Risk of Self-harm</u> *None	<u>Risk of Violence</u> *None		
<u>Mental Status Comments/Other</u>			
Client noted some difficulty recalling details of past memories within the last few weeks to 6 mo-12 mo ago.			

Integrated Summary, Diagnosis, & Initial Plan

Integrated Summary (including case conceptualization)

Client has had some odd/different behaviors than his norm in the past year and a half or so. He does not appear to meet the diagnostic definition of schizophrenia upon his first visit. His primary issues appear to be anxiety and paranoia specific to social settings/people or interactions. His past experience taking Lithium was not a positive experience for him, and he did not report functioning any better. He is currently doing well in school, but based on his recent car wreck and DUI charge, his stress and anxiety have increased to a crisis/difficult level. His wife left to her home state of Arizona with his baby daughter due to some conflict in their marriage. He wants to get the right support and make healthier decisions for his life to function better. Based on some complexities of his case, including periodic substance use, diagnostic process will take 1-2 more sessions for a full rule in/rule out process.

ICD10 Diagnoses

- F10.11 Alcohol abuse, in remission

ICD9 Diagnoses

- F12.21 Cannabis dependence, in remission
- F43.0 Acute stress reaction
- F60.0 Paranoid personality disorder
- No active codes

Initial Plan & Recommendations

- Clarify symptoms for accurate diagnoses, including better clarification around past history and substance use.
- Identify client's current support system and ways he can continue healthy social engagements.
- Help to identify if medication may be supportive for client at a minimum possible anti-anxiety since his fear/worries and concerns are high.
- Help client to identify based on current information whether or not a fear or worry is based on actual circumstances vs. paranoid thought processes.
- Help client to gain further resources and supports to be successful.
- Help client to identify some grief/anger and other emotions to process that may be difficult to fully process with family or friends.
- Assist in connecting client to other medical support if needed- if any psychosis- possible EASA program at PeaceHealth. This referral will wait to see if any true psychoses is noted.

<u>Service Information</u>			
<u>Date</u>	<u>Time</u>	<u>Actual Time In</u>	<u>Actual Time Out</u>
11/19/2018	11:00 AM		12:00 PM
<u>Billing Codes</u>			
<u>Code</u>	<u>Units</u>	<u>Desc.</u>	
90791	1	Diagnostic Evaluation (no medical)	90791
<u>Status</u>		<u>Next Appt. Date</u>	<u>Next Appt. Time</u>
Completed			

Electronically signed by

<u>Date</u>	<u>Name</u>	<u>Type</u>	<u>Comment</u>
11/30/2018 3:35 AM ET	Jennifer Morlok, LMFT	Staff	Paper intake completed on 11/19/18 and transcribed into the electronic database as of today with current Dx impressions.

All Dates/Times are Eastern Time (ET)

Treatment Plan (SYS) 11/19/2018

Spencer Barrett MR# 30883907 DOB: 4/18/1994 Gender: M Status: Active
3833 NW Boxwood Dr. Corvallis OR 97330 spencerbarrett@gmail.com
Care Manager: Jennifer Morlok Allergies: Unknown

Service Plan Dates

Start Date 11/19/2018 End Date 5/17/2019

Patient Statement

Patient statement of problem and treatment progress

Client would like to get clarification of his mental health and diagnoses. He would like to get further recommendations for support and to see how to accept and process his upcoming court date on 12/3/18. He would like to process some of his grief and some of the recent challenges within his personal relationships with others. He would like to reduce his fears and paranoid thoughts, along with his high level of anxiety that is negatively impacting his sleep and functioning.

Self induction from lack of "care"
no routine/sleep/etc

Anoragnobilia (camps, and travel, etc.)

Since 2nd

- not

no refel.

ICD10 Diagnoses

- F10.11 Alcohol abuse, in remission
- F12.21 Cannabis dependence, in remission
- F43.0 Acute stress reaction
- F60.0 Paranoid personality disorder

ICD9 Diagnoses

- No active codes

Review of Treatment

Clinician review of treatment/progress

- Clarify symptoms for accurate diagnoses, including better clarification around past history and substance use.
- Identify client's current support system and ways he can continue healthy social engagements.
- Help to identify if medication may be supportive for client at a minimum possible anti-anxiety since his fear/worries and concerns are high.
- Help client to identify based on current information whether or not a fear or worry is based on actual circumstances vs. paranoid thought processes.
- Help client to gain further resources and supports to be successful.
- Help client to identify some grief/anger and other emotions to process that may be difficult to fully process with family or friends.
- Assist in connecting client to other medical support if needed- if any psychosis- possible EASA program at PeaceHealth. This referral will wait to see if any true psychoses is noted.

based on
believe my
grandmother
was given wrong meds (SOLVED - texts)

partner acknowledged

Patient was involved in development of plan?

Yes

Patient agrees with treatment plan?

Yes

Patient received printed copy of plan?

No YES 2/1/19 J.M.

Electronically signed by

Date	Name	Type	Comment
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11/30/2018 2:42 AM ET	Jennifer Morlok, LMFT	Staff	Paper treatment plan completed on 11/19/18 and transcribed into the electronic database as of today.
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RECEIVED BY:

19CR17970

IN THE CIRCUIT COURT OF THE STATE OF OREGON

DATE: 10/15/22 FOR THE COUNTY OF LANE

STATE OF OREGON) CASE NO: 19CR17970

Plaintiff,)

v.)

SPENCER JOSEPH BARRETT,) ORDER FINDING THE DEFENDANT

UNFIT TO PROCEED AND COMMIT TO
TO OSH (ORS 161.370)

Defendant.)

DOB: 4/18/1994)

SID: OR22418875)

This matter came before the Court on October 5, 2022 for a determination of Defendant's fitness to proceed pursuant to ORS 161.370.

Defendant appeared in custody, with counsel, Amy L. Counter, OSB #212581, and the State appeared through Elle McCall, OSB # 161954.

The Court finds that Defendant is charged with the following offenses (listed in order of seriousness by crime classification):

Crime Name:	Crime ORS #:	Felony/Misd/Viol:	Maximum Sentence:	Booking Date:
Assault in the Third Degree	ORS 163.165	Class B Felony	10 years	8/11/2022
Driving Under the Influence of Intoxicants	ORS 813.010	Class A Misdemeanor	1 year	8/11/2022

Based on the Court's review and consideration of (*check all that apply*):

The report filed by a certified evaluator, Isabelle Dousarkissian, PsyD, dated September 30, 2022 ✓

Recommendation from the community mental health program (CMHP);

Information from the local entity that would be responsible for community treatment;

The Court's inquiry and observation of Defendant at the hearing;

The defense counsel's representation;

Witness testimony from State's witnesses: _____;

Witness testimony from Defendant's witnesses: _____;

The parties' stipulation that Defendant is not fit to proceed;

Other information provided: _____.

THE COURT, being fully informed, FINDS:

1. The Defendant is not fit to proceed;

a. Medical Providers: Any public bodies and private medical providers, in possession of records concerning Defendant shall release those records to OSH for the purpose of, and use in, Defendant's fitness to proceed. These documents shall be provided to OSH within **5 business days** of receipt of this Order. The Oregon Youth Authority, the Department of Corrections, a community college district or service district, a public university, a school or education service district must, after notifying OSH, provide the requested records within 15 business days of receipt of this Order unless good cause exists.

b. (Optional; check if applies) Substance Use Treatment Records: To the extent any information or records described in subsection 6(a) of this Order relate to a substance use disorder diagnosis or treatment, as defined in 42 C.F.R. Part 2, ORS 430.399(6) and ORS 430.475(2), the court finds that: (i) disclosure is not for the purpose of criminal investigation and prosecution; (ii) the information or records shall be used solely for the purpose of evaluating Defendant's fitness to proceed; (iii) other ways of obtaining the information are not available or would not be effective; and (iv) the public interest in and need for disclosure outweigh the potential injury to Defendant's relationship with treatment providers. The court orders any public bodies and private providers to disclose to OSH the minimally necessary records and information that is essential to fulfill the objectives of this Order.

c. Parties and Sheriff's Office/Department: The District Attorney, defense attorney, and Sheriff's Office/Department shall provide all non-privileged pertinent information about Defendant to OSH within **5 business days** of this Order.

d. Disclosure to Defense Counsel:

(i) The OSH certified forensic evaluator, who issued the report pursuant to ORS 161.365 or ORS 161.370, may disclose Defendant's information protected under state and federal privacy laws to defense counsel pursuant to this Order.

(ii) Upon written request to the OSH Records Custodian, OSH may disclose to defense counsel Defendant's designated medical record or protected health information. Nothing in this Order permits disclosure of Defendant's patient records and information, otherwise prohibited by law, to the State or any other entity or individual not specified in this Order.

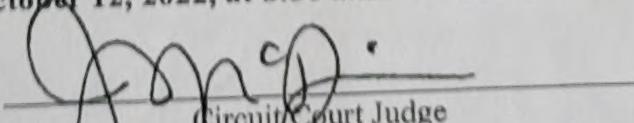
NOTICE OF FIREARMS PROHIBITION

The court has found that Defendant is not able to assist their lawyer represent them in their criminal case. As a result, federal law prohibits Defendant from having or buying firearms (guns or ammunition). The Oregon Judicial Department is required to report to the Oregon State Police that this firearms restriction applies to Defendant.

10/5/2022 2:03:06 PM

This matter shall be set for hearing on October 12, 2022, at 8:30 a.m. on the OSH Docket.

DATED: _____



Circuit Court Judge

Jay A. McAlpin, Circuit Court Judge

Deputy District Attorney

Name: Elle McCall

Address: 125 E 8th Ave, Eugene, OR 97401

Email: elle.mccall@lanecountyor.gov

Ph. No.: 541-682-4261

Defense Attorney

Name: Amy Counter

Address: 180 E 11th Ave, Eugene, OR 97401

Email: acounter@lanepds.org

Ph. No.: 541-484-2611

Psych Eval Notes (12/14)

2 - "two sisters and one brother" # prof? need ^{for} ~~for~~

- "graduated from h.s.w/ honors" ^{and/or need}

3 - "leaving school shortly after enrollment"

- "where he would try to spread" his beliefs"

- "wandering the streets of Ashland" "preaching"

- "not seen since 2021" (2020)

4 - "how planet could be affected by my own

gravity" (how each planet "harmed" or "spared")

- "denied remembering the first time" ^{at}

- "feeling like "ecstasy" and the experience

as "very meaningful" to him" (MDMA (ecstasy))

- "reported" hearing voices" as youth but

described them as "my thoughts"

- "in 2016 his grandmother died, which made

him paranoid of people... "daughter of the

American Revolution" ... began to distrust

people who are not aware of their "own

community" and became paranoid there could

be "aliens around me" / S ...

- "flashbacks and nightmares" related to:

his 2017 Assault in the Second Degree

conviction...

5 - > a name he would "give to my children"

Can name I did give to Becca; his children ^{4 kids} ~~at under~~

who called me "brother"

- "a federal ~~he has~~ copus my parents ^{mind} ~~are not going to live~~" - because of the

truth surrounding the case ...

5 - "convince to give him the pistol"
- "losing his job" (was employed by City
of Corvallis ...)

- "his mother's sake" (contents)

6 - "they are demons and they are coming
for my First Amendment rights." (actually)
that whole paragraph does not sound like me)

7 - "has no insight" ^{does not seem to} _{met need of}
to have much insight... (I explained future
my symptoms as a result of the confinement
(P 6, reference q by Jennifer Staten) ^{met need of}
8* - "new card signed" (new guards assigned...)

8* - "thats how God and Religion talk to
me" (clarity and poor rendition of what I
said) - "have not done much comm. Service" (Being famous
"try to care... in P.S. Possess special powers
- "noise" in jail" (why is that in quotes?)

11 - "but it's organize what I say I may
do it all" whole paragraph/statement is
not word for word, like all my "statements"
10 - "Everyone in America is evil" (defined as
out of date (cont. bias) ^{defined as} (FOOTPRINT)
11 - "The Evil Eye" (P) ^{Ecological} _{Solidarized}

- The first thing the legal Assistant...
says... " ^{THIS}
12 - "Picking and choosing words from ^{THIS} _{INTERVIEW}
me and that is a confirmation bias" ^{defined as}
* what a horribly translated / relaxed ^{Audio} _{VID}
evaluation. Need for more accountability ^{VID} _{VID}

1 - by her attorney "as objective as possible"
4-5 - mid "accurate" "preferred going to trial"
"note" "my parents are not going to like"?

± 11 - "They think I have tangents
but really I am circling around the
same idea. It seems like I am justified
in my paranoia; the institutional system
does not help; our constitutional rights
are off... I guess I will write a book
about how prisons make criminals instead
of helping people... condition people
in a better way"

± 12 - "I was writing a bible?"
(persecuted for reading a bible)

Powered
by
unempathetic
culture

± SAD p. 9 - "delusional/ grandiose
that he has somethin' great and
undiscovered by the rest of society"
disorganized thoughts and pursued
speech - preserved "speech"

- endorsed naïveistic beliefs
related to his importance and
"society" (event, or what we're just
- expandables) - "persecuting delusions"
10 - "delusional beliefs" (a. the failin
- self defense - "innocence" DA of record - comm.
service activism - belief in Jesus, love, human nature -

- Milgram experiment - right to consent

"... if no one told them" (then they do not know they are unconscious of their evil) I defined evil as "footprint. ...

12 "unable to discuss hypothetical situation due to his inability to stay on topic" (or her inability to see how it is related... or to ^{not know} see ^{its} relevance.)

... "became tangential and began talking about the legal

system" (THAT IS NOT TANGENTIAL) = inability to rationally

conceptually re the roles of various legal personnel"...

13 - "made delusional comments about the legal system" (ret. 113 ^{given} to paranoid about legal system

"courtroom personnel" -> (not ^{not} bonding ^{no people})

Li - "Inability to hypothetical discussion" (disorganized, tangential speech, delusional beliefs)

"has little insight into his mental illness" (not ^{not} insight)

"treatment needs" (infirm) attend scheduled appointments (or completed a history of violence when unstable" (I want to "was (it's not done or assaulted am shall) in jail? no... imagine

expanding on the Google/Microsoft claim

• Expanding on the Google/Microsoft claim
- Big Brother, Snowden, "Big Data" is "futile over &
"meaningful experience". "They don't know how to make
money" what I meant to say and Real Value versus \$
• Uncertainty (defense w/ out computer intelligence/organ-
ization). "They're not educated" (P): "forgive them for
thug know not" + terrorist) (commandment from the
sat. bib. divine spiritual and intellectual develop-
ment" (isn't that what gives the D.O.T. the power
over? claims @ collective superiority over
the individual - of knowing what's right/better
• Disclosure a name worldwide given to children") it was a
name I gave to my family's children; went by past you
2) no Miranda rights read? 3) thought PO knew me (or my
work w/ client or police) 4) was drunk
5) read 8/8 transcript... "Left in Desert" NOT at all how
I told the story... • make money to not consider
me as an "individual" (s. problem w/ contracts/flat
rate per person). "presumed speech" claim is based off
of not taking my worries seriously i.e. the belief were
not under "unwise" pressure globally (so in persecutor
claim and narcissistic claim is "punitive-all based
off distrust in me, and my ability to accurately
determine real threats. By not trusting that the patient
has real pain/worries/trama/experience to add to
collective knowledge, instead preferring to hypo-
size and maintain stabs quo of repression/suppression/
oppression. (the opposite of proposed "conscious culture")
C: "the opposite of proposed "conscious culture")
+ R 2: eval: "poor insight" (staff doesn't
respect sleep or power of association) (SAD
meaning of "powerless") (unintended
need for denz devin, i. drug ed. + B16 Pharma
and other) plant medicines ("natural") Janna
eval 8.2

Probs to add

"violent" - case # to DA

*

"unlikely to attend" - case #

1. necessity to
comment on
med record

"P2#3 (or R3) Acceptable" - it's a fallacy "target

/ false narrative
"violent" - "violent
Safe : other prob-for (many other reasons
- Walk of Honor (admin prob. is const.) think not
- DDDA alternatives & consent, false record:
"natural" contra indication, lack of will
- Miranda city reputation / documenting - thought
it was well known, drunk, a name used
- "legal rights protected in jail" other
ORS and grievances

ref patient rights &
ref policy to comment #

1. necessity to
comment on
med record

"natural" contra indication, lack of will
- DDDA alternatives & consent, false record:
"natural" contra indication, lack of will

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ORS and grievances

1. necessity to
comment on
med record

Play cell in man (CC) 18

Explains different functions (functions), well to receive mouth parts (quadriceps) and to move (quadriceps)

and other

time motor skills retention memory
- which brings me the immediate
organised to ball as a solution to skin instead
of these new / experimental
synthetics.

04:37
it's a see of communication

24: Many think I have typhets but really I am circumscribed
amongst the same ideas as are justified in my plan of tree culture
and system of agriculture. And I believe, statutes, constitutions, and
laws are constitutional.

Justified Paranoia: stereotype/golem/bias-effect, confirmation bias/self-fulfilling prophecy, obedience to authority; conformity by solomon Asch experiments, manufacturing false memories, manufacturing consent, systematic distortion of information, effect of belief on their evaluation on recall activity, nature of language, but signal strength is crucial to visual

CAKA: How they DOT important or unnecessary recording
is used (and to my device...)

How my "giant statement" can reflect back the tangential, disorganized
delusional inventory and presumed speech of the D.O.T.

I need to resolve my grief, not suppress the
(magfor: newspaper or environmental) such as current
task to critique and mail as many possible to find
disorganized & delusional DOT

Reflective Criticism: The DOT treatment wall activities are tangential
lacks nothing above basic needs (Maslow's) no feeling of personal security
of my own records or ability to research and learn

• I objective & impartial: from clinical interview for 2.5 hours to no consideration of the work
1. - P12 IP2 when asked to discuss aspects of his case such as what police are alleging he began perseverating his innocence ^{* THEY CAN ALLEG ANYTHING BUT WHETHER ARE WHAT EVIDENCE?} in the evil
• II unable to fully engage in discussion of hypothetical case ^{nature of}
- 1. disorganized
- 2. Tangential
- 3. delusional beliefs a) grandiose & narcissistic b) persecutory
c)
- 4. does not understand the nature of the proceedings
5. P12 R4 - ability to have rational discussion & use of tactful words
I 2. disorganized behavior due to his inability to keep from preaching
3. "little insight into his mental illness and his need for psychotropic medication" (s. ^{little insight} efficacy)
P13 IP2 4. "a history of violence" (s. ^{little insight} will)
5. Hospital level of care
P13 R6 last sentence - severity of symptoms
- poor insight into treatment needs
- behavior in the community

I. When asked to discuss what police are alleging he says "preserv[ing] innocence" and "talking about the legal system".

This ability to testify and behave appropriately (5th amendment in P.12)

- proving partiality of evaluator
- disadvantages: "why it is hard"
 - maslow pyramid, consciousness, tools
- etc

- W. Milgram
- p 12 confirmation bias
- p 14 evil eye
- p 3 behaviorism
- (p 11 conditioning)

disorganized "p13" behavior appropriately "p12" he was able to identify how he should act in certain situations

Archetypal
organizing

"SOB's 95 Theses" + "Why I am ^{NOT} Ready to die"

Definition 1. Scientific methodology consists of observation,
Friendship conversation 2. anne frank quote "The roundabout"
3. 2 as evidence of Q3.0: why is it hard to care Hr: will to
4. Technology & Democracy; accountability, microgrid
& Big Data, elite propaganda and influence
5. The detriment of Deficient Beliefs
a) D. Adams b) P. Davis c) D. ABella (i. as a causal factor/influencing
6. "overmedicated & undereducated" USA!!!
a) Granny & DWDA, alt. therapy, warning label, falsified records
b) OSH, legal corruption

= Targeting

current:
I. A losing Battle: the law of Association, the victim(s)
of Dominant culture's projections & unconsciousness
- historical blames on minorities; racism, bigotry

Eval p/12 = will likely not take in the information she presents
to him as his delusions have influenced his faith
in his attorney's abilities (s. no her intentions & character)
and the legal system as a whole (s. recidivism,
continual recurrence in same crimes each year; lack of
place education & efforts or accomplishments)

p/13:

1. p1; statement of disclosure "... every effort would be made to ensure this evaluation remains as objective and impartial as possible"
2. p2; summary of Pending legal charges ... reportedly told the trooper the last time he consumed alcohol was the night before (s. conflicting w/ 5718426053 crash - injury ^{p+2})
"to date he was arrested and charged w/ a new offense unrelated to this case, which has since been resolved" (s. request for transcript)
" " " 3. substance use history pp 3-4 "using whenever he was able to afford it"
Redirection: although "whenever he can get it"
cl have numerous disputes and corrections cl would like to address, cl will focus on what cl deemed the most likely to have influenced/enacted law ORS 161.370 to take effect

(Commit) 4. ^{1 JUST} p2 "bind over and take the punishment" [regardless of whether or not cl did it]
"Napoleonic complex" which he defined as his father being "jealous" of Mr. Barrett's intelligence "that was not my definition for the complex that was an additional statement..."

5. p3 "described everyone he met at school as fake"
6. p4 "some outside doctor bribe guards to kill him" ; make it look as if he was
"any of his police might be delusions"
* 6. p7 "notes that his beliefs do not appear bizarre"
* relation to p7 "could have been corrected if he would have communicated his concerns/ reasoning at that time"
(s. That is what cl did... he had "patient" was educated that regardless of the reasoning what he just did was not okay) ; also "with holding Expressa" ; took the ability "vs" "patient moved his ability to thumb area and took his other"

* p7. "Spoke loudly w/ pressured speech"
 - disorganized and his thoughts were often incoherent
 - poor attention and often became perseverative
 and tangential" (s. continuously explaining the
 false narrative and justified paranoia)

* p13 "due to his inability to keep from "preaching" to others
 in jail." ("disorganized behavior") - w/o

* p12 1. "he identified himself as the one who has the final
 decisions made related to his case" vs "he was reminded
 that he is the one who ultimately must make the final
 decisions in the his case" ¹⁰ "it is unclear if he
 retained the education"

2. "he was able to identify how he should act in a
 courtroom"

1b. 3. "the evil nature of the system and the witnesses
 that were interviewed" (add my definition (ecological
 and sociological footprint) ¹¹ D. Bella "Emergence
 of evil" ~ milgrams & systematic distortion).

3a. 4. "due to corrupt nature, most likely to be successful" ¹² if just that
 delusional beliefs interfered w/ his ability to rationally
 conceptualize the roles of various legal personnel
 (s/he understand the roles & explained their vulner-
 ability to corruption, she did not take seriously
 my experience, concerns and in a rush for time
 determined her limited interest and understand-
 ing were my own. I am happy to explain myself to
 an open and impartial mind.)

5. "his rational ... is impacted by his disorganization &
 delusional beliefs" (cont. bias p12, milgram p10, behaviorism p3 + 11 = 12)

*DOES NOT understand
 not understand
 nature or bi-
 nature or bi-
 is activity. T.
 is about it
 for & gain*

* "does not understand the nature of the proceeding"
 - his ability to have a rational discussion and use factual
 knowledge "I told her I drank after" its on report



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PSYCHOLOGICAL EVALUATION

CLIENT NAME: Barrett, Spencer Joseph
LANE COUNTY CASE NO.: 19CR17970
EVALUATION DATE: September 22, 2022
DATE OF REPORT: September 30, 2022

IDENTIFYING INFORMATION/REASON FOR REFERRAL: Mr. Spencer Joseph Barrett (DOB: 04/18/1994) is a 28-year-old male. He is currently incarcerated at Lane County Adult Corrections Facility (LCACF) due to pending charges of Assault in the Third Degree-Driving Under the Influence of Intoxicants (Class B Felony) and Driving Under the Influence of Intoxicants (Class A Misdemeanor), which are alleged to have occurred on or about November 06, 2018. Mr. Barrett was referred for a competency evaluation on September 14, 2022, by her attorney, Ms. Amy Counter.

SOURCES OF INFORMATION:

1. Clinical interview conducted with Mr. Barrett on September 22, 2022, for approximately 2.5 hours.
2. The State of Oregon vs. Barrett, Spencer Joseph Affidavit of Probable Cause and Order authored by Deputy Sheriff Michael Hudson on November 16, 2018.
3. Lane County Sheriff's Office (LCSO) records
4. Corvallis Police Department records
5. Oregon Department of State Police Forensic Services Division records
6. Lane County Adult Corrections Facility (LCACF) medical records
7. Willamette Sky Counseling records (requested on August 31, 2022, by Public Defender Services of Lane County, INC. Records were not received prior to the completion of this evaluation.)

STATEMENT OF DISCLOSURE:

Prior to his participation in the evaluation process, Mr. Barrett was provided a verbal explanation regarding the nature and process of this evaluation. He was informed a report would be completed regarding the results of this evaluation, which would be provided to his attorney and, therefore, would be neither privileged nor confidential. He was informed he would be asked questions regarding his background, mental health, crimes or arrests, and his time at LCACF. It was expressed to Mr. Barrett that, while the results of this evaluation could affect him adversely, every effort would be made to ensure this evaluation remains as objective and impartial as possible. He was asked questions related to this disclosure to ensure understanding and was able to put into his own words the purpose and limits of confidentiality related to this evaluation. Following this procedure, Mr. Barrett opted to participate in the requested interview.

SUMMARY OF PENDING LEGAL CHARGES:

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

On November 06, 2018, Lane County Sheriff's Office (LCSO) Troopers were dispatched to assist with a vehicle crash. Troopers reportedly observed a group of people waving to a man sitting on the side of the road. He was later identified as Mr. Barrett. Mr. Barrett reportedly told Trooper Michael Hudson that "he was driving too fast around a corner and went into a slide."¹ The victim of the vehicle crash was transported to the hospital. One of the witnesses on the scene alleges that Mr. Barrett had an unopened can of beer in his hand when he allegedly attempted to flee the scene. Mr. Barrett heard the conversation between the witness and Trooper Hudson and reportedly told officers that he wanted to drink the beer to help him "calm down"² after the crash. Mr. Barrett reportedly told the Trooper that the last time he consumed alcohol was the night before. Trooper Hudson noted that Mr. Barrett appeared to have difficulty understanding what was going on. Mr. Barrett consented to a Field Sobriety Test and a breath test. Following the results, Mr. Barrett was arrested and charged with Assault in the Third Degree-Driving Under the Influence of Intoxicants (Class B Felony) and Driving Under the Influence of Intoxicants (Class A Misdemeanor) for the above-mentioned circumstances. Additionally, he was issued citations for the traffic violations of Speeding, Failure to Perform the Duties of a Driver, and Failure to Wear a Seatbelt. Mr. Barrett was released to the community pending trial. While in the community, he was arrested and charged with a new offense unrelated to this case, which has since been resolved. He is currently incarcerated at LCACF awaiting trial for his pending charges of Assault in the Third Degree-Driving Under the Influence of Intoxicants (Class B Felony) and Driving Under the Influence of Intoxicants (Class A Misdemeanor).

RELEVANT PSYCHOSOCIAL HISTORY:

The below information was obtained from collateral sources and Mr. Barrett's self-report. In general Mr. Barrett was cooperative but his presentation was impacted by his delusional beliefs. As such, the following information may be impacted due to his current clinical presentation and should be reviewed with caution.

Family/Social History:

Mr. Barrett reported being born in Ogden, Utah. He described being reared by both his biological mother and biological father. He disclosed having three siblings (two sisters and one brother) and being the second oldest child. At the age of two, he reported moving to Eugene, Oregon and living there until the age of seven. He stated that his family then moved and settled in Corvallis, Oregon. He described his childhood as "fine" and stated that his parents "never paid attention to me." He denied witnessing any domestic violence in the home and denied experiencing sexual abuse/neglect as a child. He did report being disciplined by his father with a "belt" and being asked to "bend over and take the punishment." He stated that his father has a "Napoleon complex," which he defined as his father being "jealous" of Mr. Barrett's intelligence. He added that his father was very "manipulative" and someone who does "not believe in love." He reported having a good relationship with his two sisters but described his brother as a "bully." He described his mother as being a "housewife" who is on "pills." He stated that his mother tends to "do whatever my dad says." He reported that he currently has no relationship with either of his parents.

Educational/Employment/Living History

Mr. Barrett reported graduating from high school with honors at the age of 18. He described attending the University of Oregon where he studied Biology. He reported leaving the university

¹ LCSO records-Supplemental Report dated November 16, 2018.

² LCSO records-Supplemental Report dated November 16, 2018.

in the middle of his second year. He disclosed being "depressed" while in school and described everyone he met at school as "fake." He added that, in the Spring of 2013, he took some "Hawaiian baby rose wood seeds," which he described as a hallucinogenic, and had a "spiritual awakening." He stated that his spiritual awakening made him realize he needed to leave school. He disclosed moving to a commune in Ashland, Oregon where he worked to "spread" his beliefs. He described "working" on and off on the commune but eventually left due to the communes "obsession with the QAnon conspiracy thing and it was all fear media and I felt it was making them paranoid." He added that he was frustrated that the commune "never listened to me. I would do all this work for them, and they never listened to me, the leader.... I still love them." He reported that while he was away from the commune, he would live with his parents and work in Corvallis. He described having various jobs, one of them being as a firefighter. He added that in 2018 he attended Lane Community College but ended up leaving school shortly after enrollment. He reported that in 2021 he moved to Sedona, Arizona and worked as a landscaper. He disclosed that his biggest job was working in "conscious culture science and gospel." He described that as the "science of behaviorism." He reported losing sleep over the issues in the world and began publishing things on the internet about the "adverse effects of the psyche." He stated he began to get recognized by people in public for his online activity and decided he needed to move to Los Angeles, California and spread his beliefs. He reported trying to "scare perverts and pedophiles everywhere and let them know satellites can smack you in the distance." He reported being homeless while in Los Angeles and described it as a better environment to "preach." He stated shortly after moving to Los Angeles he was "harassed and could not sleep." He described "so many gangsters so I got more psychotic in LA and needed to go back. I heard there were 40,000 homeless people and I was told to preach there and none of them could comprehend me, and it was dangerous." Prior to his current incarceration, he reported living with his fiancée on her property and also being "homeless," wandering the streets of Ashland "preaching." He reported that he is currently writing a book with his "preaching" in hopes that it reaches people and "changes society."

Relationship History

Mr. Barrett reported having a wife who he married around 2017. He described having a four-year-old daughter with his wife who he has not seen since 2021. He disclosed his wife "left me in the desert" after he returned from Los Angeles. He described his wife as having "postpartum depression and threatened to hurt herself and my daughter." He reported in 2021, when he was in Sedona, Arizona, he attempted to "get closer to my daughter." He stated that his wife was not feeding his daughter and he described attempting to go to the store to buy her apples. He reported that, when he left the car to get her some food, his wife "left me in the desert." He denied having any contact with his wife and daughter since the incident. Despite still being married, he reported currently being engaged to another woman who he stated is currently pregnant with his second child. He stated that they lived in a trailer she owned and supported themselves with her "money from Covid and past relationships she was in." He denied having any other biological children and denied having any other significant relationships.

Substance Use History

Mr. Barrett reported first drinking alcohol at the age of 17. He stated that he drinks heavily about twice a week. He described drinking whatever alcohol is offered to him by friends. He denied seeking alcohol and denied ever experiencing withdrawal symptoms from alcohol. He reported first using marijuana at the age of 18. He described using whenever he was able to afford to buy

marijuana. He denied ever experiencing withdrawal symptoms from marijuana. He described being into "psychedelics" and reported they are his substance of choice. He reported a history consisting of mushrooms, lysergic acid diethylamide (LSD), and lysergic acid amide (LSA) (Morning Glory Plants). As mentioned above, he reported first using in 2013 when a friend offered him "Hawaiian baby rose wood seeds." He disclosed using whenever he can get the substance and described the experience as "having lots of interesting thoughts about how planet could be affected by my own gravity." He denied experiencing any withdrawal symptoms from hallucinogens. He reported using methamphetamine twice in the last year. He denied remembering the first time he used but disclosed that the second time he used was prior to his most recent arrest. He described methamphetamine as feeling like "ecstasy" and the experience as "very meaningful" to him. He denied experiencing any withdrawal symptoms from methamphetamine. He denied any other substance use history and denied attending any substance use treatment.

Medical History

Mr. Barrett denied any history of medical diagnoses, concussions, seizures, and surgeries.

Mental Health History

Mr. Barrett denied ever being diagnosed with a learning disability or a mental health diagnosis as a child. He reported "hearing voices" as a youth but described them as "my thoughts." He further described these symptoms as "different moods we have throughout the day." He described hearing multiple voices and described everyone as having these voices. He added, "They talk about everything to you, you pick up on things like other people's way of talking and I don't think people are conscious of it, but I am imprinted with it." He denied a history of visual hallucinations but did offer that, while on "psychedelics," he often saw things that he believed to be a part of his "preaching" and religion. For example, believing he had "died on it [hallucinogenic] and I was held in the arms of the universal mother who shushed me to sleep." He reported that in 2016 his grandmother died, which made him "paranoid" of people. He described his grandmother as being a "Daughter of the American Revolution" and being active in her community. He reported he began to distrust people who are not aware of their "own community" and became paranoid there could be "aliens around me." He denied seeking mental health services at that time and instead described embracing his role in society and "preaching." He described seeking mental health services in 2018. He stated that he began having flashbacks and nightmares related to his 2017 Assault in the Second Degree conviction involving his father and sought therapy in the community. He reported being diagnosed with Posttraumatic Stress Disorder and being prescribed Propranolol (beta blocker used for anxiety). He disclosed that he only took the medication for a short period of time because it made his symptoms worse. He further stated he began hallucinating on the medication and "it brought back really horrible memories to the forefront like when you remember something." He denied receiving any other mental health treatment and ever being diagnosed with another mental illness in the community. He denied ever being hospitalized for mental health symptoms, and he denied a history of suicidal ideation and/or homicidal ideation.

Legal History

Mr. Barrett was asked to detail his past criminal history. He was asked to detail his 2013 conviction, but he became tangential and began speaking about the assault on his father. Although several attempts were made to redirect him, Mr. Barrett continued to persevere on his Attempted Assault in the Second Degree conviction. He stated that he was the victim in that case and was

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

traumatized by the force used by his father. He further stated that he was not at fault for any of his past charges and wanted to file a "federal habeas corpus my parents are not going to like. They know I am not dishonest." He explained that he was "tricked" into taking a plea bargain for a lesser charge and instead would have preferred going to trial. Regarding his 2022 conviction, Mr. Barrett described providing the officer with a name that was important to him, a name he would "give to my children," which he explained was not "giving false information since it was basically my name."

Collateral Information:

According to Mr. Barrett's Criminal History Worksheet, he was convicted of Criminal Trespassing in the Second Degree on March 11, 2013. Circumstances of his conviction are not in the available records.

According to Corvallis Police Department records, Mr. Barrett was charged with Assault in the Second Degree, Robbery in the Third Degree, and Criminal Mischief in the Third Degree for an incident which occurred on or about July 18, 2017. According to the records, officers were dispatched to a report of a stabbing in progress. When officers arrived, they found Daniel Barrett (Spencer Barrett's father) bleeding from various puncture wounds. Daniel reported to officers that about two weeks prior to the incident, Mr. Barrett's "mental state started to degrade."³ He disclosed that his son received a pistol from his father-in-law, which concerned Daniel as Mr. Barrett implied to him that he should not be "trusted with a gun."⁴ Daniel reported he was able to convince Mr. Barrett to give him the pistol, which he hid so his son would not be able to find it. He further explained that his son was suffering from stress after getting married and losing his job. Daniel described a belief that his son was suffering from "psychosis"⁵ although he "had not been formally diagnosed with any mental illness."⁶ He further described that Mr. Barrett was recently having "pressured speech" and "disorganized thoughts."⁷ He added that his son recently "confronted him and Colleen [Spencer Barrett's mother] about his concerns that they had his grandmother killed."⁸ Daniel reported that Mr. Barrett came home and became instantly upset after he reminded his son he took the gun from him. He reported that his son began threatening to take his mother's safe with him unless he was given the gun back. To keep Mr. Barrett from taking the safe, Daniel reported he tackled Mr. Barrett to the ground. Daniel described feeling a poke from the knife and eventually convinced him to drop the weapon. Mr. Barrett fled the scene and was arrested shortly after. He was convicted of Attempted Assault in the Second Degree (Class B Felony) on September 08, 2017.

On August 01, 2022, Mr. Barrett was charged with Criminal Mischief in the Second Degree (Class A Misdemeanor), Giving False Information to Peace Officer in Connection with a Citation/Warrant (Class A Misdemeanor), Disorderly Conduct in the Second Degree (Class B Misdemeanor), and Criminal Trespass in the Second Degree (Class C Misdemeanor). He entered

³ Corvallis Police Department – Incident Report dated July 18, 2017.

⁴ Corvallis Police Department – Incident Report dated July 18, 2017.

⁵ Corvallis Police Department – Incident Report dated July 18, 2017.

⁶ Corvallis Police Department – Incident Report dated July 18, 2017.

⁷ Corvallis Police Department – Incident Report dated July 18, 2017.

⁸ Corvallis Police Department – Incident Report dated July 18, 2017.

a plea of Not Guilty and was convicted of Giving False Information to Peace Officer in Connection with a Citation/Warrant.

Lane County Adult Corrections Facility (LCACF) Course

Mr. Barrett sought mental health services during his current incarceration, reporting that he was looking for something to "help with paranoia and fear that others were going to hurt me while I was in here." He added that one September 06, 2022, he was "punched" in the face for "reading the Bible out loud." He described his peers as having the television on with some "bullshit news and I felt like others needed to hear what I had to say." He further stated,

The television on that does not matter to me, I am losing my own inner voice and I have to hear all the shit they are saying and I pick up on their emotions. They talk about stuff that doesn't matter and that hurts my inner voice and I cannot think for myself. I have to chance and find my inner peace. They are demons and they are coming for my first Amendment rights. I use the Gospel for waking up, I am Unitarian but Jesus is a big emblem of love.

Mr. Barret reported more frequent panic attacks after he started taking psychotropic medication.

Collateral information:

Mr. Barrett has been housed at the LCACF since August 02, 2022. On August 17, 2022, he sent a mental health request to obtain medication for "recurring panic attacks and/or writing utensils and papers or more books too, to help focus on something other than small space entrapment."⁹ On August 25, 2022, provider Alfredo Velez notes that Mr. Barrett was endorsing symptoms of anxiety and depression. He was placed in protective custody due to "feelings he was unsafe, and that he thought Deputies were going to kill him and stage it as a suicide." Dr. Velez described Mr. Barrett as speaking rapidly, "very difficult to interrupt, and could not tolerate me talking for more than 2 sentences without interrupting."¹⁰ He further wrote that Mr. Barrett was very tangential, "often going into minute digressions and having to be redirected back to a chronological account."¹¹ He further notes,

He states that about 4 yrs [years] ago he was living w his father and they got in an argument that got physical. He states that his father grabbed him, and he pulled a knife on his father. Police were called, and he was charged with a felony. Sometime after that episode, apparently when he was on probation, he was in a car crash and was charged w [sic] DUI [Driving Under the Influence]. He states that he complied w probation for about a year, but got tired of feeling like they were just working against him, so he left. Over the next 2 to 3 years, he basically traveled to different areas, living on the streets and trying to pursue activism or ministry. He worked for very brief periods, usually a week to a month at different locations. He also during [sic] some of the time was living in a commune with his ex-wife, with whom he has at least 1 child. More recently, he had met his current fiancée in California, and also reports for about a week on a farm there. He has relied on friends and associates to provide him with housing as well as Greyhound bus fare to travel between cities. At times he is also relied on his mother who has provided some support. He states that he is now incarcerated because he was in Ashland and was outside a bar when police were called and he was charged with trespassing. He states that then warrants for the past DUI and past assault charge came up and that is what is being held. He states that he has a court date on November 5 but has been unable to talk with his lawyer. Throughout his explanation of the events of the past 2 to 3 years, he talked about situations where he got "paranoid (his word)." For instance, when he was hiking the pacific Chris [sic] Trail, he found to a pen in backpacks which made him think that people had been murdered. When he was dating his fiancée, he

⁹ Lane County Adult Corrections Facility (LCACF) medical note by provider Jennifer Staten

¹⁰ Lane County Adult Corrections Facility (LCACF) medical note by provider Alfredo Valez

¹¹ Lane County Adult Corrections Facility (LCACF) medical note by provider Alfredo Valez

got an STD from her and thought that she was also molesting her child. He confirms that when he is in his current housing area in East Annex, whenever there is a change of the lighting schedule or new cards are signed, he worries that some outside doctor has bribed the guards to kill him and make it look like a suicide. However the patient has no insight into the possibility that any of his fears might be delusions. He also does not seem to have much insight into his current agitated state, other than agreeing that some medication might be helpful.¹²

Regarding Mr. Barrett's diagnosis, Dr. Velez notes that his symptoms of rapid speech, grandiose ideas, and tangential thought process suggest an individual who may have mania or hypomania. He further explains that his paranoid beliefs suggest schizophrenia but notes that his beliefs do not appear bizarre. Additionally, he indicated that the above-mentioned symptoms mixed with his anxiety could be suggestive of Generalized Anxiety Disorder or Obsessive-Compulsive Personality Disorder. He prescribed him Abilify (antipsychotic) and Lexapro (depression/anxiety medication). On August 27, 2022, medical staff Corrin Clemons notes,

During AM med rounds patient attempted to deceive this nurse and DS while taking his medications. Patient moved his "abilify" to thumb area on his palm and took his other medications while holding this one back; patient then proceeded to show us his mouth and go back to his bunk although he clearly still had this medication in his hand. When patient was told that he needs to give back the med if he is not going to take it patient began to argue with me that I was supposed to supply him with paper regarding the medication. Patient was educated that I was to do no such thing as I had nothing with me to provide him. Patient reports sending multiple kites regarding the medication information before he will take it. Patient was educated that regardless of the reasoning what he just did was not okay. Patient then stated that we are trying to force him to take it without his consent. Patient educated that it is prescribed currently and until that is changed by the provider we have to continue to offer it; but that we absolutely never force anyone to take or do anything that they do not want to. Patient again educated that he is to not cheek his medication as it could result in his other medication being discontinued as well. Patient still talking over myself repeating his reasoning. Conversation was ended at this time. Email will be sent to psych regarding this issue. Off note – Patient ended up withholding his Zyprexa and took the Abilify, which could have been corrected if he would have communicated his concerns/reasoning at that time.¹³

Mr. Barrett has been refusing his psychotropic medications and has not taken them since August 28, 2022.

INTERVIEW/BEHAVIORAL OBSERVATIONS:

Mr. Barrett was interviewed in a private room at LCACF on September 22, 2022 for approximately 180 minutes. He was interviewed via Zoom videoconferencing software. The connection and audio/video capabilities were sufficient for the purpose of this evaluation and did not negatively impact the findings of this report.

Mr. Barrett is a 28-year-old male who appeared his chronological age. He presented to the interview in jail issued attire, and his grooming and hygiene were adequate. His eye contact was poor, and he was often scanning the room. He spoke loudly with pressured speech. He was disorganized and his thoughts were often incoherent. He presented with poor attention and concentration and often became perseverative and tangential. Although multiple attempts were made to redirect the conversation, Mr. Barrett could not keep from speaking. He would often talk over me and had difficulty listening to the questions posed. He described his mood as "poor," and his affect was assessed as animated. Rapport was established and maintained.

¹² Lane County Adult Corrections Facility (LCACF) medical note by provider Alfredo Valez
¹³ Lane County Adult Corrections Facility (LCACF) medical note by medical staff Corrin Clemons

Mr. Barrett endorsed symptoms of depression and anxiety. He stated,

I woke up pretty depressed. I was excited yesterday because I got some grievance forms and will complain, and I have hope if I send one to the governor. There was a lot of screaming last night in here everybody is screaming and that depressed me.

In terms of thought content, Mr. Barrett was asked a series of questions designed to elicit commonly held delusions. He denied beliefs others can read his mind and beliefs about thought insertion or removal. He endorsed beliefs about possessing special powers/being famous related to his ability to "preach" and spread his "gospel" of Jesus and love. He stated,

I am a social activist and when people don't care it is kind of weird and I try to care. There are so many things that go on that no one care about and I know I sound like an extremist. For example, slavery is going on. Our grid is so vulnerable because we are importing slave product and we are not prepared for the worst-case scenario. I really started being an activist in 2013 when I imagined being a monk and I have not done much community service.

Mr. Barrett further stated that he began publishing magazines related to "conscious culture" and started making films he posted on YouTube. When asked to detail where he was "publishing magazines," he stated he published them on Facebook. He described his friend as telling him he had a "huge following on the underground because of the things I published but Facebook told me I didn't because their records were maybe lying because I have like 10,000 followers but would only get a few hundred likes." He described fearing for his life because it is "well known" that activists are "dying and disappearing" around the world. He reported that "Google or "Microsoft" must be on his "side because I recorded so much, and I am not dead yet so something must like me there." He endorsed beliefs that the television and radio are communicating with him. He stated, "I think everybody, and everything is talking to me like the television and radio. If I can unravel it, I think there is a story and its relevant to me and I think that's how God and religion talks to me but now it is all defined as psychosis and people think I am psychotic." He denied any current auditory/visual hallucinations. He was not observed verbally responding to internal stimuli but was often observed scanning the interview room. He indicated that his appetite is normal but did endorse only getting two hours of sleep a night due to the "noise" in jail. He denied any current suicidal/homicidal ideation.

Mr. Barrett reported belief that he suffers from Posttraumatic Stress Disorder and experiences depressive symptoms. He stated,

I think I brought this mental illness on myself; I have a desire to think of myself as a martyr because I am a Christian, but I don't want to die. I think I have of have one, but I think it comes with speaking so much. I always imagine others hurting me because I am an activist.

He denied belief that he has symptoms of schizophrenia and denied the need for psychotropic medications.

Mr. Barrett's intellectual abilities could not be assessed as he became increasingly disorganized and would not attend to the questions asked. Despite multiple attempts to redirect him, he would become tangential and could not be redirected.

**DIAGNOSTIC AND STATISTICAL MANUAL – FIFTH EDITION – TEXT REVISION
(DSM-5-TR) DIAGNOSTIC IMPRESSIONS:**

Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Rule out:

Alcohol Use Disorder

mood disorders

personality disorders

Mr. Barrett denied ever being diagnosed with schizophrenia in the past but does evidence symptoms consistent with this disorder, such as exhibiting disorganized speech, endorsing delusional beliefs, and a history of auditory hallucinations. His delusional beliefs are predominately grandiose in nature reflecting a belief that Mr. Barrett has insight into something great and undiscovered by the rest of society. Collateral information also indicated that Mr. Barrett is having some persecutory delusions surrounding the Deputies at the jail conspiring against him, making his environment unsafe. Additionally, collateral information indicated that his family have also observed symptoms of schizophrenia, such as disorganized thoughts and pressured speech, and reported belief that Mr. Barrett may be exhibiting symptoms of psychosis. Although Mr. Barrett attempted to somewhat minimize his substance use history, it is clear based on his report and collateral information that he has a history of substance use. While it is likely that his substance use potentially worsened his mental health symptoms, it is unclear whether it is the causal factor. Additionally, the etiology of his symptoms remains unknown, therefore a diagnosis of Unspecified Schizophrenia Spectrum and Other Psychotic Disorder is offered at this time.

Although a diagnosis of Alcohol Use Disorder was considered, the lack of information in collateral sources and Mr. Barrett's minimization of his alcohol use made it difficult to justify a diagnosis. This diagnosis should be considered if additional records are provided and/or if Mr. Barrett provides greater detail about his past use. If this diagnosis is present, it would be in addition to his qualifying mental disorder and is not related to his current ability to aid and assist. Additionally, various mood disorders were considered due to his rapid speech and reported lack of sleep. There was not enough information in his records and Mr. Barrett did not endorse enough symptoms to meet diagnostic criteria for a mood disorder. Additionally, his lack of sleep could be better explained by his current environment (jail) and his tangential/pressure speech could be better explained by his schizophrenia diagnosis. As such, a mood disorder should be ruled out in the future should additional information be provided. Various personality disorders were considered due to his grandiosity during the interview. He endorsed some narcissistic beliefs related to his importance in society and some of his past behavior could be indicative of antisocial traits. Due to the paucity of information, the pervasiveness of these symptoms could not be determined. Additionally, some of these beliefs are better explained by his symptoms of schizophrenia. As such, a personality disorder should be ruled out in the future should additional information be provided.

ASSESSMENT OF RESPONSE STYLE:

Mr. Barrett appeared to participate in the interview in an open and forthright manner. He evidenced symptoms commonly observed among people suffering from psychosis with evidence he has previously experienced such symptoms as noted in collateral sources. His self-report also seemed

largely consistent with the available collateral information. It is, therefore, opined that Mr. Barrett did not attempt to exaggerate or feign symptoms of mental disorder for the purposes of this evaluation.

EVALUATION OF COMPETENCY:

Oregon Revised Statute 161.360 states, "A defendant may be found incapacitated if, as a result of mental disease or defect, the defendant is unable:

- a) *To understand the nature of the proceedings against the defendant; or*
- b) *To assist and cooperate with the counsel of the defendant; or*
- c) *To participate in the defense of the defendant.*

Understanding the Nature of the Proceedings²²

Mr. Barrett was able to identify his current charges and was aware of the maximum penalty of these charges. He knew a felony was worse than a misdemeanor. He was able to describe the plea options of Guilty, Not Guilty, and No Contest. He was unaware of the plea option Guilty Except for Insanity (GEI). He was educated on the concept and was able to retain the information. When asked to explain what a plea bargain is, he stated, "It is an agreement between you and the prosecutor that you will abide to in order to exit the current situation; you are in a promise contract. When you take one you don't have to deal with unreliability and corrupt judges, and you get to skill all trial matter and don't have to worry about jury." He added, "You give up your right to an appeal. If you don't know that beforehand, like I did in my first case it was unconscionable for me to do. I should have done self-defense and people do not believe in innocence." Mr. Barrett was unable to separate his delusional beliefs when answering questions related to courtroom personnel. When asked to define the role of the prosecutor he stated,

The prosecutor or the DA [Defense Attorney] has the right to speak to the jury members without a record so they can say whatever they want even though they make money. They go in closed rooms with the jury and bring in people and I think that is why I won't get a fair trial. The prosecutor is supposed to be on the states or the public welfare. I hope they are, and I hope they see my community service activism. Actively caring about the state and they are supposed to be on the public's side.

He further stated,

I would talk to the prosecutor alone. I don't know if I should, but I feel they already say whatever they want about anything. I would do it to get a feel of who she is, but I can end it if I want. If she believes in Jesus, why is she prosecuting people? If she believes in love, that is fine. If she doesn't believe in human nature and is predisposed to violence, then she believes in evil in human nature. It could be unconscious. The emergence of evil is like the Milford Experiment. It is just a shock experiment, are they evil or is it because they listened to another individual without questioning it? I am not condemning people. They are systematically unconscious or not thinking about themselves. I am not going to be able to say anything, I am just going to have to accept it. I am going to respect the procedure, but I am not going to talk. I also realize they are not going to listen to me. In a way I do think everyone in there is evil but technically I think everyone in America is evil but due to your daily behavioral interactions, you are adding to your problem. What you say to people if you are really accomplishing it and if no one told them.

Mr. Barrett identified the Judge as maintaining order and determining sentencing lengths. He stated that they are supposed to be on the side of justice or God. He correctly identified the role of the jury but was unaware of how many individuals sit on a jury and how many must agree when determining guilt or innocence. He correctly defined the difference between a Bench Trial and a Jury Trial. He stated he would probably pick a Jury Trial because "it is easier for judges to be

corrupt but if one jury member takes me seriously, that is nice." He correctly defined the legal terms Contempt of Court, Perjury, evidence, and probation. Mr. Barrett denied the ability to get a fair trial but stated,

I am going to try to get a fair trial, but I don't feel like I will. I am going to try because I owe it to myself. I need to be a conscientious person, but I probably won't get a fair one, but I will do it. A lot of people don't get in trouble with the police, but I have been in trouble and the jury will know that, but they lack education.

Ability to Assist and Cooperate with Counsel

Mr. Barrett correctly identified the name of his attorney. He then became tangential about the legal system. He stated,

I am really interested in helping. My records show the things I have worked on that I am naturally interested in regardless of the money. I have done all my work without money and that should show something. It seems for me to be prosecuted on an individual level seems unfair. All the things I say are disregarded because I am bubbling on. I don't know. It is hard to remain hopeful in these circumstances because I bring up these situations. They think I have tangents but really, I am circling around the same idea. It seems like I am justified in my paranoid; the institutional system does not help. Our constitutional rights are off. I still retain a small bit of hope in my writing and willingness of helping my community. Ridiculous, seems smarter to put me in prison, I guess. I will write a book about how prisons make criminals instead of helping people; all the conditioning to reward them on how to be good people. I don't know why we are not trying to condition people in a better way. Don't they have a right to actively pay attention to these rats in a maze? They are surveyed by the prosecutor who gets paid actively to seek out the worst thing. The Evil eye is hard for me because if they want something bad for me, I get submissive and freeze. So, if someone wants me to be really guilty, I am just going to submit. I somehow believe this could be God's plan, but this is really hard for me. I think the only thing to do is start a ministry [the end schism ministry]. I don't know about faith, so I am in a schism. I hope there is a better plan because society has told me that people who are religious are still abused. Look at the Holocaust; they were persecuted. I was writing a bible. The people I have talk to in here are Pastors. Jesus did not kill when he had the ability, but I asked Pastors why they can break the 10 Commandments and can kill and they say, "Well killing is not the same as murder." They are in the schism, and I need to end the schism. I call it the science of compassion, or the science of forgiveness; just ridiculous to persecute people. The justice system has not reduced crime, but everyone is making money off it because they don't know how to make money off it. Doctors too are not curing diseases they are just prescribing pills so people can live in a diseased culture. The Pastors too; all making money off the disease. We don't have a quality first off, that's the main thing our Constitutional Rights but we don't have that it says equality but what people believe in we are in a Babylon right now they; have to find the truth themselves but if I organize what I say I may do it all.

Mr. Barrett was redirected, and an attempt was made to gauge his ability to work with his attorney. Mr. Barrett stated,

I don't trust her because I expected that if she is really concern about me, she would have called me. I have left 100 messages and she pretended that she never got the messages. I have talked about the facts of my case and her excuse is that she has too many clients, well that is what I am assuming. I feel like she is working with the DA [District Attorney]. They are pretty hopeless, and they make more money to not consider me as an individual. I gave her my phone passcode. Jackson County took my phone and never moved it to this police department, and I have not gotten to talk to anybody and that is fucked up. I would like to talk to her year, has she just not gotten the messages? Part of me believes that she has my phone and I feel she is working with the prosecutor to find something else. I believe she wants me to be convicted but I also don't know for certain, but it is just like really suspicious. The first thing the legal assistant says if the defense attorney was giving the public prosecutor wads of money, I would want it. It is 100,000 dollars plus a year. The citizens are losing money, but the private prison is making money off the inmate.

Mr. Barrett was asked how he could assist his attorney with his case. He stated, "I could give her some facts of the case and that would help my attorney." He then began talking about one of the witnesses in his current case, stating, "One of the witnesses works in the culture of war he is a vet and had gloves and he is just yelling at me, in pure evil hatred." He continued, "I am trying to mail the Governor about this about another case they have not given me envelopes to send habeas corpus, I don't trust the Governor." He then stated, "Hopefully I get a new attorney. I requested one a while ago but they did not take my request seriously so I am just moving along and just in a plea mill, but I made a promise to myself that I should not plea, but I am unsure of myself."

Ability to Participate in the Defense of the Defendant Including Making Relevant Decisions

Independently

I attempted to engage Mr. Barrett in conversation to gauge his rational understanding and appreciation of court. He was unable to engage in a discussion of a hypothetical situation due to his inability to stay on topic. When asked to discuss aspects of his case, such as what the police are alleging, he began perseverating on his innocence and, as mentioned above, the evil nature of the system and the witnesses that were interviewed in his case. Although he identified himself as the one who has the final say in the decisions made related to his case, he also made statements that, due to the "corrupt nature" of the system, he is most likely to be successful in his case if he just does whatever his attorney asks of him. He was reminded that what his attorney tells him is advice and that he is the one who ultimately must make the final decisions in his case. It is unclear if he retained the education as he became tangential and began talking about the legal system. He was able to identify how he should act in a courtroom. He reported it would be better he does not testify in his case as "they are already trying to prosecute me by their own projection, and they'll just say something that further makes me look bad. They are picking and choosing words for me and that is a confirmation bias."

OPINION:

Mr. Barrett meets criteria for a qualifying mental disorder as described above. During the current interview he presented as significantly disorganized and tangential. Additionally, he endorsed significant delusional beliefs that were grandiose and persecutory in nature.

Mr. Barrett demonstrated some factual knowledge related to his case and the legal system. He was aware of his charges, his plea options, and possible sentencing lengths. However, his delusional beliefs interfered with his ability to rationally conceptualize the roles of various legal personnel. Mr. Barret does not understand the nature of the proceedings against him. His rational appreciation of his pending charges is impacted by his disorganization and delusional beliefs. Additionally, his ability to have a rational discussion about his case and use of his factual knowledge in relation to his case is impacted by these symptoms. As a result, his ability to engage in rational discussion about his charges, possible defense strategies, and evidence is impacted by his qualifying mental disorder.

Mr. Barrett is not able to assist and cooperate with counsel. His tangential speech and cognitive disorganization impact his ability to effectively and rationally communicate with his attorney. His delusional beliefs have impacted his ability to understand his attorney's role in his case and has impacted his ability to trust his attorney. He will likely not take in the information she presents to him as his delusions have influenced his faith in his attorney's abilities and the legal system as a

whole. During the interview, he made delusional comments about the legal system and felt it would be easier to just agree with whatever his attorney tells him. This puts him at a greater risk to accept whatever his attorney tells him without protest, which impacts his ability to make autonomous legal decisions. His paranoia around the legal system and courtroom personnel will likely impact his ability to trust and work with any attorney appointed to him by the Court.

Mr. Barrett is not able to participate in his defense. During the interview, he was unable to fully engage in discussion regarding a hypothetical case. This difficulty was due to a combination of symptoms (disorganization, tangential speech, delusional beliefs) which are impacting his ability to weigh his options related to his case and formulate a defense strategy. The legal decisions Mr. Barrett has made regarding his case are based on his delusional beliefs. Further, his symptoms will impede his ability to communicate information to the court, affecting his ability to testify in his case and behave appropriately in the courtroom. Additionally, it is unlikely that he will be able to stay focused during his own legal proceedings as he is extremely tangential and fixated on his own beliefs.

Currently, Mr. Barrett is unable to factually and rationally understand the nature of the proceedings, assist and cooperate with counsel, participate in his defense, and make autonomous legal decisions. As such, there appear to be significant mental health symptoms that impair his fitness to proceed.

HOSPITAL LEVEL OF CARE:

Per Senate Bill (SB) 295, a recommendation regarding whether an evaluatee requires a hospital level of care should be made by a certified forensic evaluator when competency restoration services are needed. SB 295 defines "hospital level of care" as "the type of care provided by an inpatient hospital in order to gain or regain fitness to proceed." SB 295 further states that

A recommendation...that a defendant requires a hospital level of care due to the acuity of the defendant's symptoms must be based upon a review of necessary community restoration services, the defendant's current diagnosis and symptomatology, the defendant's current ability to engage in treatment and present safety concerns relating to the defendant. The recommendation must state the relevant considerations supporting the determination that a hospital level of care is required and why a hospital level of care is appropriate.

Mr. Barrett has exhibited disorganized behavior during his current incarceration. Per his report, he has been the victim of physical aggression due to his inability to keep from "preaching" to others in jail. Further, engaging in these behaviors may put Mr. Barrett at a greater risk for additional victimization. Mr. Barrett has little insight into his mental illness and little insight into his need for psychotropic medications. It is unlikely that he has an adequate understanding of his treatment needs, treatment requirements, and supervisory restrictions should he be ordered to participate in competency restoration in the community. More specifically, these difficulties and his own beliefs may result in Mr. Barrett being unable to adhere to a medication regimen and attend scheduled appointments. Further, he may resume using substances if residing in an unsupervised environment where he can readily access to alcohol, cannabis, hallucinogens, and methamphetamines. Although a formal risk assessment was not conducted, Mr. Barrett has a history of violence when unstable and may pose a risk to others in the community. In consideration of these factors, particularly Mr. Barrett's severity of symptoms, poor insight into his treatment needs, and behavior in the community, it is opined that a hospital level of care is required in his case.

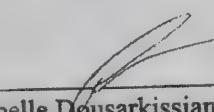
RECOMMENDATIONS:

- It is recommended that Mr. Barrett be found incompetent to proceed at the adjudication process and ordered to undergo competency restoration at the Oregon State Hospital.
- Mr. Barrett would benefit from psychopharmacological interventions from providers with expertise in the treatment of severe and persistent mental disorders.
- Once stabilized, Mr. Barrett should undergo a thorough assessment of his mental health and substance use history in order to clarify diagnosis and treatment needs.
- It is also recommended that Mr. Barrett's fitness to proceed be assessed after a period of stabilization. Any deficits should be addressed with appropriate interventions as deemed necessary.
- It is recommended that Mr. Barrett be monitored for victimization by others, particularly if he continues to "preach" his beliefs to others.

Please note that the opinions provided in this report are based upon the information presently available and are subject to change with the introduction of novel information.

If questions arise regarding this evaluation, please do not hesitate to contact me.

Respectfully submitted,



Isabelle Dousarkissian, Psy.D.
Licensed Psychologist #3501
Certified Forensic Evaluator

Client Name: Barrett,Spencer Joseph	Client ID: 90061	Facility Chart Number: 100627
Episode: 2	Date of Birth: 4/18/1994	Assessment Date: 11/3/2022

Primary Language: English**Interpreter Needed:****Assessing Clinician:** Adediran,Jubril**Information Sources Used at Admission:** Face to face interview with patient

161.370 order

Police Reports

RN to RN

CMHP

Identifying Data:**Admit Date:** 11/3/2022**Race:****Ethnicity:****Gender:** Male**Religion:****Legal Status:** Court Order (161.370)**Legal Effective Date:** 10/5/2022**Legal Expiration Date:** 5/2/2023**Interpreter Name:****Agency Name:****Identifying Data:**

Spencer Barrett is a 28-year-old male who is admitted to Oregon State Hospital (OSH) for the first time pursuant to ORS 161.370 on 11/3/22 from Lane County Circuit Court for competency restoration. In case #19CR17970 he is charged with Assault in the Third Degree (Felony B), DUII (Misdemeanor A). End of jurisdiction is pending. Lodge date 8/11/22.

Chief Complaint:

" I am here because of I got into an accident while drunk in 2018"

History of Present Illness**History of Present Illness:**

Per Police report: It is alleged that on 11/16/18 Mr. Barrett was driving intoxicated and lost control of his vehicle and crashed into another vehicle sending a victim to the hospital. He attempted to flee but was apprehended by an off-duty LEO and detained until LE arrived.

Per Forensic Evaluation:

Per jail records: Pt is currently housed in the jail's East Annex after being in a physical altercation with a peer on 9/6 per nurse. Pt had a cell search on 10/13 and was noted as "hoarding supplies and small containers of yellow liquid found in his cell" per nurse reading note, "it was probably urine". Pt has jail dx of unspecified psychotic disorder, rule out schizophrenia; unspecified mood disorder, rule out bipolar II; and unspecified anxiety per nurse. Pt with ETOH in his system at time of arrest and blew 0.11. Pt was reportedly engaged, reality based, voiced understanding, was organized, future focused, and relatively stable during community restoration report on 10/3 but "court order already submitted for HLOC". Pt with no current medications in jail other than dandruff shampoo and was found attempting to "cheek" medications in August per nurse. NKDA. Regular diet. Independent with ADLs

Per today's psychiatric evaluation (11/03/2022): This writer and supervising psychiatrist, Dr. Kalapati and the charge RN on the floor met patient at his room and escorted to admission room for assessment. Patient is alert and oriented X 3. Affect is flat with sad mood. Eye contact is limited. Patient was able to verbalize the reason why he was here stating "I got into an accident in 2018 while intoxicated and I was told I was unable to stand trial". Patient reports he was diagnosed with PTSD and anxiety in 2018 right after the accident Reports symptoms of vivid dreams for a while "I will see someone yelling at me at the accident scene saying get out the car". Reports he last experienced the symptoms more than six to one year ago. Reports mild bout with depression, but states "I can cope with it by running rather been placed on medications. Reports people dealing with depression should be able to help others as well in getting better and to cope with depression. Patient reports that he has published more than 200 publications in both magazines, and you tube channels and he has worked in the past with notable environmentalist. Reports feeling of paranoia in the past based on his activism work and his publications "that people might be out to get him". Reports he lost contact with his wife more than two years ago since he has been dealing with these legal issues. Reports he got involved with another woman recently, but she later stopped contacting with him. Patient denies voice, auditory or tactile hallucinations. Reports low self esteem at times when he feels people do not understand what he was doing. Denies suicide attempt or suicide ideation

Client Name: Barrett, Spencer Joseph
Episode: 2

Client ID: 90061
Date of Birth: 4/18/1994

Facility Chart Number: 100627
Assessment Date: 11/3/2022

currently or in the past. Reports history of alcohol use and last used was August 2022 and he usually drinks about 6 packs two to three times in a week. Reports he has been to AA meetings in the past and he was also sober for a year from 2019-2020 from alcohol use. He experiments in the past with LSD and Mushrooms in the past, but "they are not my drug of choice". Reports usual smoking of cigarette and tobacco. Denies history of sexual, verbal or physical abuse. Patient reports three years of college education in psychology.

Current Medications: None

Past Psychiatric History

Previous Admissions to our Facility:

Program	Admit	Discharge
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Harbors (Admission) Pre-Admit 10/21/2022 11/03/2022

Past Psychiatric History:

Past diagnoses: Unspecified Psychotic Disorder, r/o schizophrenia, Unspecified Mood Disorder, r/o bipolar II, r/o unspecified anxiety. Per 10/10/22 CMHP, Mr. Barrett was engaged in the conversation; maintained eye contact; thought content reality based; was oriented x 4 and was able to verbalize understanding of the Aid and Assist program. He was able to identify his charges and attorney as well as spoke about receiving services with schooling through Lane Community College. No other community providers or agencies were noted. He reported having "quiet a few" side effects from taking Abilify and Lexapro and discontinued them. Mr. Barrett also expressed some dissatisfaction around receiving medical and mental health support in a timely manner. Mr. Barrett's thought process are organized, and he seemed future-focused. Mr. Barrett denied any thoughts of self-harm, suicidal ideation, or homicidal ideation. Although, Mr. Barrett presented relatively stable at the time of this interview, a court order was already submitted for a hospital level of care. Community Restoration is unavailable at this time.

Medication trials: Abilify, Lexapro

History of Significant Aggression/Violence:

History of Aggression or Violence: In 2018 he was driving intoxicated, loss control of his vehicle, hit another vehicle causing significant injuries to the victim, and attempted to flee the scene. Per jail, he was in a physical altercation with a peer on 9/6/22 per nurse.

Client Name: Barrett,Spencer Joseph	Client ID: 90061	Facility Chart Number: 100627
Episode: 2	Date of Birth: 4/18/1994	Assessment Date: 11/3/2022

Suicide Risk Tool**Admit Date:** 11/3/2022**Age:** 28**Date Entered:** 11/3/2022**Demographic Risk Factors:** White, Male, No long term relationship

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	
<input type="checkbox"/>	Self-Injurious behavior without suicidal intent	<input type="checkbox"/>	

No Suicidal Behavior Recorded**Suicidal Ideation (in the past month)**

- Wish to be dead
- Suicidal thoughts
- Suicidal thoughts with method (but without specific plan or intent to act)
- Suicidal intent (without specific plan)
- Suicidal intent with specific plan

No Suicidal Ideation Recorded**Activating Events (Recent)**

Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)

Pending incarceration or homelessness

Distress about current legal situation

Describe Recent Loss(es) or other significant event(s)

loss contact with his wife for more 2 yr

Psychiatry Admission Assessment



Client Name: Barrett, Spencer Joseph
Episode: 2

Client ID: 90061
Date of Birth: 4/18/1994

Facility Chart Number: 100627
Assessment Date: 11/3/2022

Protective Factors (Recent)

Identifies reasons for living/future plans

Positive spiritual/religious beliefs

Effective coping/problem solving

Treatment History

Previous psychiatric diagnoses and treatments

Describe any additional known suicidal or self-injurious behavior (include dates):

n/a

Suicide Risk Ratings

Short Term Risk: Low

Long Term Risk: Low

Submitted by: Adediran, Jubril **On:** 11/3/2022 **At:** 02:28 PM

Family/Social History**Family History:**

Family History: Patient denies history of mental illness or substance abuse in his family. Denies history of suicidal attempt or suicidal ideation in his family.

Social History:

Social History: Reports he is still married, but lost contact with his legal wife more than two years ago. Reports he later got involved with another lady and later lost contact with her as well. Reports three years of college education majoring in psychology. Denies history of special education. Reports history of psychical abuse vaguely when he used to travel as a traveling camper to different cities and states in the past. Reports his likes to make YouTube videos and publications on nature and environment. Reports history of magazines publications, YouTube channels. His area of interest was environmental, ecosystem and bio-organism.

Trauma History: Automobile accident in 2018.

Substance Use History:

Patient reports that he started drinking alcohol between age 16-17-year-old. Reports history of alcohol use and last used was August 2022 and he usually drinks about 6 packs two to three times in a week. Reports prior history of black outs, but not currently. Reports he has been to AA meetings in the past and he was also sober for a year from 2019-2020 from alcohol use. He experiments in the past with LSD and Mushrooms but "they are not my drug of choice". Reports usual smoking of cigarette and tobacco.

Per jail, Pt with ETOH in his system at time of arrest and blew 0.11.

Assets:

Patient is alert and oriented X 3. His cooperative and answers all questions appropriately. Patient seemed to have a fair insight about his condition. Denies to give consent at the moment for medication, but he verbalized he might later consider it.

Client Name: Barrett,Spencer Joseph

Client ID: 90061

Facility Chart Number: 100627

Episode: 2

Date of Birth: 4/18/1994

Assessment Date: 11/3/2022

Mental Status Exam

Assessing Clinician: Adediran,Jubril, PMHNP

Mental Status Assessment Date: 11/3/2022

Appearance/Behavior

Clean, no odor and his behavior is appropriate.

Speech/Thought Process

Clear/Congruent.

Mood/Affect

Sad/flat

Thought Content/Hallucinations/Delusions

Linear/Denies hallucination. Reports multiple publications both in magazines and You tube and has worked with prominent environmentalist. Reports involvement in activists works.

Suicidal/Aggressive Ideation, Intent, Plan

Denies

Cognitive Examination (orientation, memory, intellectual functioning)

Patient is alert to person, place and time. registered three words without prompting. He could recall three words after five minutes delay spontaneously. He correctly completed serial threes correctly from 100-88. He was able to sate recent holiday. He was able to name current U.S. A president and stated the last four well. He was state Salem is the capital of Oregon. Patient was able to identify similarities between two objects.

Insight/Judgement

Insight and judgement were very limited as he thinks he can cure depressive symptoms without medications and his currently not willing to be started on recommended medication though he agreed he will look into it. Patient present a good judgement in hypothetical scenarios. When asked what he will do if he lost his wallet in a store, he said he will go to the information center in the store and have it reported.

Past Medical History

Initial Physical Exam Findings (optional):

Past Medical History:

Per jail, Pt is not currently being treated for any acute or chronic medical in the jail per nurse. Pt reported head lice on 10/30/22 but head check revealed no bugs, nits or otherwise but pt. shaved his head to be sure per nurse. On 9/13/22 pt. reported "bleeding gums" and was prescribed saltwater rinse with intended results per nurse. Negative PPD 8/28/22 and no ID hx noted. Pt denies having COVID vaccine, no current sx or exposures.

Current Medications:

None.

Diagnosis (For Admission)

Psychiatry Admission Assessment



Client Name: Barrett,Spencer Joseph

Client ID: 90061

Facility Chart Number: 100627

Episode: 2

Date of Birth: 4/18/1994

Assessment Date: 11/3/2022

Diagnosis:

Unspecified Schizophrenia Spectrum

	Status	Type	Diagnosing Practitioner
Admission Diagnosis: Unspecified Schizophrenia Spectrum And Other Psychotic Disorder	Active	Admission	Adediran,Jubril

Working diagnosis. Possible differential diagnosis include Bipolar disorder vs schizoaffective disorder vs MDD with psychotic features

Assessment/Plan

Psychiatry Admission Assessment



Client Name: Barrett, Spencer Joseph

Client ID: 90061

Facility Chart Number: 100627

Episode: 2

Date of Birth: 4/18/1994

Assessment Date: 11/3/2022

Short Term Suicide Risk:

Low

Short Term Violence Risk:

Low

Assessment (include reasoning for suicide/violence risk assessment):**UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER**

FORMULATION: Mr. Barrett is a 28-year-old white male admitted to Oregon (OSH) for the first time for time pursuant to ORS 161.370 for the purpose of trial competency restoration. Given the history of unspecified psychotic disorder, r/o schizophrenia, unspecified mood disorder r/o bipolar II and unspecified anxiety disorder, a diagnosis of unspecified schizophrenia spectrum appears most accurate. This diagnosis is based on presenting symptoms of possible delusion that people are out to get him due to his past activists' publications, and his claims of more than 200 of publications including working with notable environmentalist appears grandiose. Another diagnostic consideration is Unspecified depressive disorder based on his admission of history of depression and acknowledgement of low self-esteem, sad affect and prior trial of an antidepressant. Reports he was placed on Lexapro and Abilify in the past, but he later stopped because he believes the medications are slowing him down. Other diagnosis considerations should include substance use disorder due to his known history of alcohol use and his verbalization of use of LSD and mushrooms in the past. In addition to consideration of PTSD given prior history due to automobile accident in 2018 and his verbalization of vivid dreams of accident scene. Prognosis is fair. His currently here on aid and assist order, so will have to stabilize his mental illness in addition to review legal skills in preparation for his forensic interview.

SUICIDE RISK ASSESSMENT: Low

Placement in a secure, structured inpatient, medication initiation, access to medical and mental health resource, presumed sobriety at Oregon Hospital, and access to staff trained at minimum time until reassessment: one to two weeks.

VIOLENCE RISK ASSESSMENT: Low

Pt demonstrated a calm, and relaxed demeanor. There were no dramatic fluctuations in mood or behavior. Pt was willing to follow directions, without verbal or physical aggression. Pt was engaging and forthcoming with information.



Client Name: Barrett,Spencer Joseph	Client ID: 90061	Facility Chart Number: 100627
Episode: 2	Date of Birth: 4/18/1994	Assessment Date: 11/3/2022

Preliminary Plan of Care (include plans for suicide/violence risk mitigation):

Admit to AN2 under the care of Ms Lisa Bingham PMHNP for quarantine.

MEDICATION/INFORMED CONSENT: None signed at the moment. Patient said he will reconsider.

TREATMENT GROUPS: Pt to be oriented to the treatment mall and on-unit treatment options; Focus on groups and activities that contribute to reduction in symptoms. Pt's legal skills knowledge to be assessed, and Pt placed in appropriate group; pt will require introductory level skills prep

ENHANCED SUPERVISION/SAFETY PLAN: No indication at present for enhanced supervision.

MEDICAL/DENTAL ISSUES: Complete H&P will be performed and will obtain comprehensive labs. Attempt to measure weight/vitals. Standard vitals frequency.

ACUTE MEDICAL/DENTAL: No acute medical concerns identified at this assessment, will await medical H&P

CHRONIC MEDICAL: No chronic medical concerns identified at this assessment, will await medical H&P

DIET: Regular

DISCHARGE: Discharge to Lane County Jail at the end of jurisdiction or when able to aid and assist at the forensic evaluation.

Justification

Admission is necessary to provide treatment expected to improve patient's condition:

Yes

Reason(s) Admission is Necessary:

Provision of medically necessary and/or intensive services for diagnostic study

Medically necessary or intensive treatment to improve the patient's condition

Fitness to Proceed Forensic Commitment

Other Justification:**If Admission is not necessary, please explain:****Discharge Plan****Likely Discharge Placement:**

Correctional Facility

Specific Discharge Placement:

Electronically Signed By: Jubril Adediran, PMHNP on 11/7/2022 at 12:17

1/25/2023 2:44 PM
19CR17970



OREGON STATE HOSPITAL
Forensic Evaluation Service
Tina Kotek, Governor

January 25, 2023

Health
Oregon State Hospital Authority

2600 Center Street NE
Salem, OR 97301-2682
Voice: 503-945-2800
Fax: 503-947-2900
www.osh.oregon.gov

The Honorable Jay A. McAlpin
Lane County Circuit Court
Lane County Courthouse
125 East 8th Avenue
Eugene, Oregon 97401

RE: BARRETT, SPENCER JOSEPH
OSH#: 90061
UNIT: LF2 - FPS
DOCKET#: 19CR17970

Dear Judge McAlpin:

Please refer to the enclosed report for the finding regarding the above-named defendant who was evaluated for a court ordered competency evaluation. It is the opinion of the court-ordered evaluator that the defendant is able to aid and assist.

If you have questions about this report, please contact the Forensic Evaluation Service by email at OSH.Courtorders@dhsoha.state.or.us or call 503-945-9276.

Sincerely,

Mandy Davies, PsyD
Associate Director, Forensic Evaluation Service
Oregon State Hospital

MD/ca

Enclosure

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Forensic Evaluation Service Oregon Revised Statute 161.370 Evaluation

Name	Barrett, Spencer Joseph
Hospital Number	90061
Date of Report	January 24, 2023
Date of Interview	December 2, 2022
Docket Number	19CR17970
County of Commitment	Lane
Evaluator	Kimberly Rideout, Psy.D.

Identifying Information

Mr. Spencer Barrett is a 28-year-old man who was evaluated on 12/2/22 to assess his fitness to proceed under Oregon Revised Statute (ORS) 161.370 pursuant to Orders from the Circuit Court of the County of Lane. Mr. Barrett is charged with Assault in the 3rd Degree (Class B Felony) and Driving Under the Influence of Intoxicants (Class A Misdemeanor).

The current fitness to proceed evaluation focused on obtaining relevant information about the defendant's current clinical and psychological condition, his functional abilities associated with his participation in trial, his ability to assist and participate in his defense, and finally, if these competency related capacities have been adequately restored.

Statement of Non-Confidentiality

Prior to the evaluation interview, Mr. Barrett was read a notification regarding the purpose of the evaluation. He was informed that the judge in his case ordered an evaluation of his mental health and an evaluation of his ability to understand the nature of the proceedings against him, ability to cooperate with his attorney, and his ability to participate in his defense. Mr. Barrett was informed that when the evaluation was completed, a written report would be sent to the judge, the prosecutor, and his defense attorney. He was told that anything he said or did during the evaluation or any other information gathered about him may be included in the report, and that the results of the evaluation were not confidential. Mr. Barrett demonstrated understanding of the purpose of the evaluation, stating, "It's to determine if I'm capable of assisting my attorney, cooperating with my attorney, and if I can understand my legal situation and can participate in my defense." He knew that information obtained in the evaluation was not confidential, and correctly identified the recipients of the evaluation report. Mr. Barrett verbally agreed to proceed with the evaluation.

Mr. Barrett's attorney, Ms. Amy Counter was present by telephone for the duration of the evaluation interview.

Sources of Information

1. Clinical Interview of Mr. Barrett for approximately 95 minutes on 12/2/22 at the Oregon State Hospital Forensic Evaluation Service.
2. Oregon State Hospital (OSH) records, dated 11/3/22 – 1/24/23.

3. Community Consultation Findings Report, dated 10/10/22.
4. Lane County Sheriff's Office records, various dates.
5. Oregon State Police records, various dates.

Relevant History

Mr. Barrett reported he was born in Ogden, Utah. He described, "We lived there for two years during my dad's medical residency and then moved as a family to Eugene." He reported his family moved to Corvallis, Oregon in 2000. Mr. Barrett reported he was raised by his biological parents and said they remained married throughout his childhood. He said he has four siblings. Mr. Barrett denied ever having been removed from the home and placed in foster care. When asked if he experienced neglect as a child, he stated, "Um I think I was privileged compared to most, but on some levels, like creative neglect, but think I had a better childhood than most. [*Can you tell me more about creative neglect?*] I think my artwork and the things I participated in on my own received little commentary. There's a lot of activism and civic work I participate in and they don't provide real feedback. Like I have a YouTube channel, so I look to other communities for feedback." When asked if he experienced childhood abuse, he said, "Not prominent, but I broke my collar bone and I wish I got surgery and my dad didn't take me to get surgery. I still have nerve damage." He did not report witnessing domestic or community violence. Mr. Barrett denied experiencing any traumatic events during his childhood, though noted, "Not that I can remember as a young kid, the most traumatic was when my grandma died and the circumstances around that. That was when I was 23."

Mr. Barrett initially denied a family history of mental illness, though then stated, "I think my mom has panic disorder. She didn't start expressing symptoms until 2017 and then she went on medication." When asked about a family history of substance abuse, he reported he believes he has, "an alcoholic uncle."

Mr. Barrett reported he is, "Technically married," though noted, "But I can't contact my wife currently." He described, "She completely stopped contact with me around November 2020... left me in the desert. [*Why did she leave you in the desert?*] I think something to do with her cheating on me at a place we were staying before that. I think she thought I knew and was going to be angry. I think she had some psychotic symptoms postpartum, but I would like to know why cause everything seemed fine up until then for the most part. I've tried contacting her on multiple platforms cause I'm very concerned about my daughter." Mr. Barrett said his daughter is four years old.

Mr. Barrett reported he was, "traveling after my wife left me in the desert," though noted, "I never felt homeless as I can backpack and be outdoors. The homeless community was suspicious of me." He reported he was living in Ashland, Oregon at the time of his arrest, "staying at a house with someone, continuing my work in activism. I made some documentaries there called EcoSummit. I feel really tied to that place."

Mr. Barrett reported he graduated high school and completed two terms of college courses, "at three different colleges: U of O and two community colleges." Mr. Barrett did not report problems with learning during schooling, noting, "I was in honors classes till senior year when I took the lazy path." He denied having been diagnosed with a learning disorder or Attention-

Deficit/Hyperactivity Disorder (ADHD). He denied having been placed in special education classes or having been held back or skipped ahead grades in school.

Mr. Barrett reported he worked in hazmat abatement, wildland firefighting, landscaping, as a minutes recorder for the city of Corvallis, as an independent contractor for the Department of Justice, and as a filmmaker. When asked his role at the Department of Justice, he stated, "I just transcribed hard to hear judges." He said his longest job lasted three years. He denied ever having been fired from a job. Mr. Barrett denied ever serving in the military. He denied ever receiving Social Security benefits.

Mr. Barrett reported he first used alcohol his junior year of high school and said he last used alcohol in August 2022. When asked to describe his use over the past year, he said, "I couldn't afford it so not that much, but once or twice a week. I would drink more than three beers worth at a time." He denied experiencing cravings for alcohol within the past year, noting, "I like it as a celebratory but it's not a need." He denied experiencing tolerance or withdrawal symptoms associated with alcohol use. When asked if he used alcohol more frequently in the past, he said, "The most frequently I drank was leading up in 2017 after my wedding celebration and me trying to figure out the legalities of my grandmother's death, we had a lot of alcohol from the wedding so I was drinking a lot then."

Mr. Barrett reported he first used cannabis his senior year of high school and last used it around the time of his arrest. He reported using cannabis, "At least like three times a week or every other day during the past year." He endorsed experiencing cravings and tolerance related to cannabis use. He described, "I thought it helped me be more mellow and suppress a lot of the feelings I've had about certain things. I thought it was spiritual, I had a lot of breakthroughs and discoveries. I like to investigate things when I'm under the influence."

Mr. Barrett reported using several different hallucinogenic substances including psychedelic mushrooms, LSD, "Hawaiian baby seeds, morning glory, ayahuasca, and DMT." He denied using any of the substances, "very often."

Mr. Barrett reported he used methamphetamine twice in his lifetime, most recently in August 2022. He described, "I have experience writing trip reports on the internet and I was a psychonaut. But I really did not like meth... It was not like I expected. I am a proponent of drug decriminalization, but I prefer natural substances." Mr. Barrett reported he previously experimented with cocaine and fentanyl. He stated, "When I tried fentanyl, that was nauseating and I thought I was gonna die. I have something really against opiate dealers in town putting people to sleep for good." He reported wearing an alcohol monitor and attending AA meetings after a DUI in 2018, but denied receiving any other formal substance abuse treatment.

Mr. Barrett reported no known problems with his mother's pregnancy, though noted, "I heard different stories surrounding my birth. My mom said they had to stick a vacuum and pull me out, sounds pretty traumatic." He said he did not know if he met his developmental milestones on time. When asked about current medical conditions, Mr. Barrett stated, "My collarbone injury and I have persisting nerve pain." When asked about a history of head injuries or other accidents leading to a loss of consciousness, he said, "I think probably a few times in high school from football. At Burning Man, I fell off something and a heavy weight fell on my head. I was taken to

a hospital and kept overnight, but they took me away from all of my supplies, so I got stuck in Reno with no shoes and a recent concussion.” When asked about ongoing effects from this injury, he said, “I was confused at the time, but my mom sent me some money to get a ride back.” He denied current problems with his vision or hearing. He said he has never had a seizure. Mr. Barrett denied a history of medical hospitalization.

Mr. Barrett denied a history of psychiatric hospitalization. He initially indicated he had never received outpatient mental health services, though then stated, “Oh I did a domestic violence program in 2017 after the charge I had.” He also later detailed receiving outpatient care from a psychiatrist. When asked if he had ever been diagnosed with a mental illness, he said, “After the car accident, I went to see a psychiatrist and she thought I had anxiety and PTSD. I saw her for more than three months. I tried propranolol, but I had a panic experience on the medication which is supposed to help. It was a psychedelic experience so I got scared. I tried a few others [medications] but I don’t respond good to them anyway. I was raised to deny medication. He [his father] always said that water is the best medicine. I believe that and that talk therapy is more effective in a lot of situations.” Mr. Barrett denied ever attempting suicide.

Collateral Information

Community Consultation Findings Report:

Marlando Lewis, LPC met with Mr. Barrett on 10/10/22. Ms. Lewis wrote described Mr. Barrett as engaged with appropriate eye contact, organized thought processes, reality-based thought content, and as verbalizing understanding of the Aid and Assist program. Ms. Lewis indicated that Mr. Barrett was able to identify his charges and attorney. Lastly, she indicated, “Although Mr. Barrett presented relatively stable at the time of this interview, a court order was already submitted for a hospital level of care. Community restoration is unavailable at this time.”

Hospital Course and Current Medication

Mr. Barrett was admitted to OSH on 11/3/22. Jubril Adediran, PMHNP, indicated the following upon admission:

Mr. Barrett is a 28-year-old white male admitted to Oregon (OSH) for the first time for time pursuant to ORS 161.370 for the purpose of trial competency restoration. Given the history of unspecified psychotic disorder, r/o schizophrenia, unspecified mood disorder r/o bipolar II and unspecified anxiety disorder, a diagnosis of unspecified schizophrenia spectrum appears most accurate. This diagnosis is based on presenting symptoms of possible delusion that people are out to get him due to his past activism's publications, and his claims of more than 200 of publications including working with notable environmentalist appears grandiose. Another diagnostic consideration is Unspecified depressive disorder based on his admission of history of depression and acknowledgement of low self-esteem, sad affect and prior trial of an antidepressant. Reports he was placed on Lexapro and Abilify in the past, but he later stopped because he believes the medications are slowing him down. Other diagnosis considerations should include substance use disorder due to his known history of alcohol use and his verbalization of use of LSD and mushrooms in the past. In addition to consideration of PTSD given prior history due to automobile accident in 2018 and his verbalization of vivid dreams of accident scene. Prognosis is fair. His currently here on aid and assist order, so will have to stabilize his mental illness in addition to review legal skills in preparation for his forensic interview.

Mr. Barrett declined to start any psychotropic medications upon admission.

During the current review period, Mr. Barrett was generally described as polite and cooperative with peers and staff. He attended many treatment groups, and was consistently noted with organized thought processes and coherent speech during these meetings.

On 11/8/22, Debra Rose, CSWA, wrote:

Mr. Barrett was identified his charges and stated he was here due to previous GEI charges from an incident with his father. This was not entirely correct as he was admitted for restoration to competency in association with a 2019 case. He did state that his attorney put in for a hospital level of care and the Community Consult Report indicated Mr. Barrett had stopped taking his medications due to side effects and not receiving timely medical appointments. He made eye contact and appeared to have organized and linear thoughts.

On 11/10/22, staff indicated:

During the IDT he expressed his frustration with the .370 process and that he did not believe he needed mental health treatment and is able to stand trial. He reported he feels his father is somehow involved in discussion with his lawyer and believes he should be able to handle his legal case on his own and also that he does not agree with his lawyer. He also expressed wanting to work on his artwork and that he's debating if the hospital is the best place for him to work on his art.

Also on 11/10/22, Surya Karlapati, MD, wrote,

Patient with a current admission diagnosis of unspecified schizophrenia spectrum and other psychotic disorder. Today on exam presenting with paranoid and persecutory ideations which may be delusional in nature vs over valued beliefs. Also presenting with grandiose ideations which need further diagnostic clarification to r/o delusions. Verified his youtube channel with his consent which has the almost 200 videos as he claimed but content to be verified to see if it is congruent to intense activism as he claims to r/o delusions. Also presenting with specific depressive symptoms of intense worry, guarded affect and feeling of depression. A diagnosis of unspecified depressive disorder to added.

On 11/21/22, Rachael De La Torre, PsyD, submitted a request for early evaluation. She wrote:

Mr. Barrett has been calm, polite, and cooperative since he was admitted on 11/03/2022. He is cooperative with the IDT, has a clear understanding of his legal situation and the charges he faces, and is ready and willing to participate in the court proceedings. He is eager to begin working with his attorney and demonstrates the ability to build a rational defense for himself. The AN2 IDT believes he will be found able and is requesting an early evaluation for him if possible...

Mr. Barrett is not currently taking any medications and appears to be functioning well without them. He does not qualify for involuntarily medications.

Also on 11/21/22, Lisa Bingham, PMHNP, wrote:

Mr. Barrett continues to decline medications and has not been noted to make any overt delusions this week to staff or this provider. He expresses appropriate frustration that he cannot contact his attorney. He has had no behavioral issues during this admission, and he has not had any behavior which would be a risk to himself or others.

On 11/29/22, Ms. Rose documented:

Mr. Barrett does not believe he has a mental illness, but that he thinks differently and has had his feelings denied/discard as a child. He was articulate and endorsed wanting to speak with his attorney, but had no response. He engaged easily in conversation and stated he has been studying legal skills. His thoughts appeared to be based on lofty environmental goals, but his speech was clear, organized, and linear. He has demonstrated frustration over not being able to locate his wife and child. He stated he has been told by his wife and significant other that they want nothing to do with him. He plans to live at a shelter and pursue non-profit work.

On 11/29/22 Ms. Bingham wrote:

Mr. Barrett continues to remain stable. He has had no noticeable symptoms of mental illness. It is possible that his initial symptoms while incarcerated were due to substance use; however, it is unclear. He understands his legal skills and was assessed to be able to critically think about his legal options. He also feels he can work with his attorney. He is not hospital level of care at this time.

On 12/2/22, Thomas Flynn, MD, documented, "No overt delusions or AH. He made statements about his father influencing his case (?reality based vs delusion). He reports he is eager to engage in treatment."

On 1/13/23, Mr. Barrett met with Amity Maxwell, LCSW. She wrote, "Mr. Barrett was euthymic with blunted affect. He was organized throughout our discussion and was logical except when discussing his worry that his attorney could be working with the DEA. This was likely a delusion." QH

Mr. Barrett is not currently prescribed any psychotropic medications.

Mental Status Examination

Mr. Barrett appeared neatly groomed and was dressed in clothing appropriate to the weather. He wore an athletic sweatshirt and a stocking cap. Mr. Barrett was alert and oriented to person, place, time, and situation. In other words, he knew who he was, where he was, the date and time, and was aware of his current situation. Mr. Barrett made appropriate eye contact. No psychomotor agitation or unusual motor behavior was noted. Mr. Barrett's affect was anxious and mildly blunted. He used humor appropriately on several occasions. He was cooperative with the evaluation interview and appeared forthcoming in his responses. Mr. Barrett spoke with normal pace, rhythm, and tone. He was soft-spoken. Mr. Barrett demonstrated organized thought processes as evidenced by linear speech and coherent responses. At times, his answers were overly philosophical or intellectualized, but they did not become disorganized. He appeared motivated to express himself clearly. His thought content was grandiose at times, especially as he discussed his activism and "passion projects." No problems with attention were noted, as he tracked the course of conversation without difficulty. He did not appear distracted by perceptual disturbance at any point in the interview.

Mr. Barrett reported his mood as, "I think a little bit of anxiety but excitement regarding this early eval." He described adequate recent sleep and appetite. Mr. Barrett denied recent symptoms of depression, including feelings of sadness, apathy, fatigue, feelings of worthlessness or hopelessness, unusual problems with focus or concentration, or suicidal ideation. He denied homicidal ideation. Mr. Barrett did not report symptoms of mania, though indicated possible

manic episodes in the past. He described periods of time in which he would, "accomplish a lot of things, you could call it manic, and spend hours editing verses in the Bible, thinking I've discovered something amazing. I would do a lot of long editing projects and I think having an extraordinary level of excitement would help." He reported an episode as described above last occurred while he was in the Lane County Jail. He said he was unsure if his periods of excitement ever lasted for days and denied experiencing sleep disturbance. He then reverted to discussing his plans following discharge, noting, "I'm excited to share online ministries when I get out. I combine peace activism with people who claim to be religious and convince them not to kill. I think if I had that much excitement, I could take street preaching to a new level. Some people call it mania, but I think it is the holy spirit, it's my spirituality and I hope it doesn't get diagnosed as psychosis."

Mr. Barrett denied experiencing recent symptom of anxiety including worry, nervousness, panic, obsessions, or compulsions. When asked if he experiences intrusive thoughts or memories related to previous traumatic events, he said, "I would really like to know how my daughter is, yea. I guess they form a part of who you are. Another is regarding my grandma's death, there is some things about consent and death with dignity which my family might not agree with and I know my family doesn't respect my view on that." Mr. Barrett continued, indicating, "I filed a wrongful death complaint related to my grandmother's death in 2019 in Benton County. On the death certificate it said it was a natural death, but I think hospice used morphine and wrote it off as natural. She was an archivist and I am too, if I had known she was close to death, I could have received that information." He did not report avoidance of any specific stimuli related to previous trauma or alterations in cognition or arousal related to past trauma.

Mr. Barrett denied ever experiencing auditory, visual, tactile, gustatory, or olfactory hallucinations. Mr. Barrett was asked a series of questions regarding commonly-held delusional beliefs (e.g. beliefs about being targeted or set-up, followed or surveilled; possessing special powers or abilities; being famous; having unusual medical conditions or implants; others being able to read his mind or hear his thoughts; others being able to control him) and none were elicited. That said, he provided overly intellectualized responses to many questions that were tinged with paranoid and grandiose themes. For example, when asked if anybody is working against him, he said, "It might sound paranoid, but as an environmental activist, all over the world they are persecuted. So, maybe at a small level, but it's not something I'm afraid of. I want to be a peace activist." He went on to name several activists who he said had been assassinated. Similarly, when asked if he was being set up or made to look bad, he stated:

In a way, the current narrative of human nature, the Seville statement against violence of 1995... so in a way, the court system, their false narrative as to why people are guilty without looking at their whole narrative, beliefs people have about human nature. I hope to affect the court system in some way with my science. I've been working on a thesis for the past few years and it's something I'm really passionate about. It's not a conspiracy, the DA is literally paid to make you guilty.

Mr. Barrett reported he is not currently prescribed any psychotropic medications.

DSM-5-TR Diagnosis

Unspecified bipolar and related disorder

Cannabis use disorder

Diagnostic Reasoning

It is my opinion Mr. Barrett meets criteria for Unspecified bipolar and related disorder. Though Mr. Barrett's psychiatric history is largely unknown, hospital records suggest he demonstrated some subtle signs of possible mood disturbance and psychosis during his current admission. Specifically, providers noted that Mr. Barrett made statements reflective of paranoid and grandiose beliefs that may have risen to the level of delusion, along with symptoms of depression including worry, guardedness, and low mood. Mr. Barrett was not prescribed any psychotropic medications during his current admission. During the current interview, Mr. Barrett continued to make some statements indicative of possible paranoia and grandiosity; however, he did not express any clearly delusional ideation. He described past periods of possible mania or hypomania, during which he experienced excitement, increased energy and engagement in goal-directed activities, and grandiosity. An unspecified diagnosis is offered due to questions regarding course of illness and etiology. Specifically, it is not clear at this point if Mr. Barrett may be experiencing a primary psychotic or mood disorder, and further diagnostic clarification may be useful.

Mr. Barrett reported using cannabis regularly over the past year. He also endorsed experiencing cravings and tolerance related to cannabis use, thus qualifying for a diagnosis of Cannabis use disorder.

Malingering Assessment

As of 1/1/12 all fitness to proceed and criminal responsibility evaluations require an assessment of malingering, as directed by Oregon Administrative Rule 309-090-0025. Malingering is defined in the DSM-5-TR as "The intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives."

It is my opinion that Mr. Barrett was not feigning or exaggerating symptoms of mental illness. Mr. Barrett did not endorse current symptoms of mental illness. As such, he did not report rare or atypical symptoms, nor did he describe an unusual symptom course or overstate functional impairment associated with symptoms of mental illness. This response style is not consistent with a person attempting to feign or exaggerate symptoms but may be consistent with a person attempting to minimize symptoms of mental illness.

Summary of Fitness to Proceed Interview

Oregon Revised Statute 161.370 states that, "A defendant may be found incapacitated if, as a result of a qualifying mental disorder, the defendant is unable:

- a.) To understand the nature of the proceedings against the defendant; or
- b.) To assist and cooperate with the counsel of the defendant; or
- c.) To participate in the defense of the defendant."

Understanding the Nature of Proceedings:

Mr. Barrett correctly identified the pending charges against him, the classifications of those charges, and the maximum possible sentences associated. He knew that a Measure 11 charge would involve mandatory minimum sentencing were the person convicted.

Mr. Barrett correctly identified the plea options available to a defendant. He said not guilty means, "That you did not do the crimes that are alleged against you," and knew a "trial either by jury or bench trial by judge," would follow. He said the purpose of a trial is, "To determine whether or not someone is guilty based off the evidence and arguments heard in court." He knew "acquittal and release," would occur if a defendant was found not guilty. Mr. Barrett said no contest means, "You're not saying you are guilty but you are not going to fight against the charges." He correctly defined the plea of guilty and knew sentencing would follow. Mr. Barrett stated Guilty Except Insanity (GEI), "Means you're admitting guilt but saying your mental health played a significant factor." He said if a person is found GEI, "It changes depending on whether it is a felony, but usually the PSRB will keep them at OSH until conditional release. [How long could someone be under the PSRB?] For the maximum sentencing of their crime." Mr. Barrett defined probation as, "Instead of incarceration, you serve time in the community under supervision." He knew a person on probation would have to check in, could not go to specific locations or hang out with others convicted of a crime, and would undergo drug and alcohol monitoring. He knew if a person violated their probation they could, "Be put in jail."

Mr. Barrett correctly identified himself as the defendant in his case. He said the job of his defense attorney is, "To defend me, to act in my best interest." He said the DA's role is, "To prove my guilt." Mr. Barrett described the role of the judge as, "To determine the sentencing, unless it's a bench trial, and then they determine your guilt." Mr. Barrett said a witness, "Provides testimony regarding the crimes of the case." He knew a witness could provide information helpful to the prosecution or defense. He said the job of the jury is, "To determine, based off evidence and arguments, whether or not they believe I am guilty of the crimes." Mr. Barrett knew the difference between a bench trial and a jury trial and knew he would decide which type of trial to have.

Ability to Assist and Cooperate with Counsel

Mr. Barrett correctly identified his attorney by name. He reported he last spoke with her about two months prior to the interview. He said he believes his attorney listens to him. When asked how he feels she has handled his case thus far, he said, "I think as good as she can do, she has a lot of clients and I think she's waiting for my evaluation to determine whether or not I'm sane enough to talk to." When asked if he has any concerns about working with her on his case, he said, "Not presently. [Did you have concerns in the past?] Sometimes when I go without contact, but I understand that's a part of being at OSH." When asked how he can best help his attorney, he stated, "Just providing, being calm, listening, and providing evidence simply articulated." When asked what information he should tell his attorneys, he said, "Stuff regarding to the case, what I believe about it, what I want to plead." He reported he feels comfortable telling his attorney the details of his case. When asked what options were available if he disagrees with his attorney, Mr. Barrett said, "I could write the judge because she is court-appointed."

Mr. Barrett evidenced general knowledge of how to work with an attorney in his case. He knew he would make the final decision about how he pleads in his case. He defined attorney-client

confidentiality as, "Information that will not be shared with others." He said confidentiality is important, "As protection against the DA or the judge, protection against misinterpretations of what you are saying." When asked what he would do if a witness lied about him in court, Mr. Barrett stated, "Pass a note to my attorney, or whisper at an appropriate opportunity, not make loud outbursts."

Ability to Participate in Defense of the Defendant

Mr. Barrett knew a defendant could plead guilty or not guilty, regardless of whether they actually committed the crimes they were charged with. He said a plea bargain is, "A deal made with you and the DA offering lesser charges and maybe lesser sentencing as well." He knew a defendant must enter a guilty-type plea to accept a plea bargain. When asked some rights given up when a defendant enters a guilty plea, he said, "Right to silence, right to trial, right to confront your accuser, call witnesses in your favor, and right to appeal the decision." He knew a defendant could not be forced to accept a plea deal, though indicated, "But you could argue that conditions of confinement are a form of coercion, but that's for future discussion." He said a person might take a plea bargain, "Cause they want to end it as quickly as possible, cause they are afraid they might be given the max sentencing, or cause their lawyer recommends it." He said evidence means, "Facts regarding the case." In discussing possible risks to taking a case to trial, he knew a sentence received after losing at trial may be longer than a sentence associated with a plea bargain. He also stated, "You could be found guilty even if you didn't do it." He knew a defendant could not be forced to testify in their own trial, "Because of the 5th Amendment." Mr. Barrett said he would not talk to the prosecutor without his attorney present, "Cause they are paid to prove my guilt and would use anything against me, somehow or someway." He said he would consider representing himself in his case, "If something completely changed and my lawyer wouldn't listen to me at all. He evidenced appreciation for how a defendant should behave in court.

Mr. Barrett demonstrated a general awareness of the accusations against him. He reported he was aware of potential sources of evidence in his case. He indicated he would trust his attorney's appraisal of the strength of the evidence, stating, "Yea I would have to, she's the one with experience on these sorts of things." When asked how he would know his chances of winning at trial, he said, "I could look at past court cases that are similar, and maybe past court cases by that same judge, considering the DA and how they fair in that sort of case, and your attorney's confidence and experience with it as well." When asked what information he would consider in deciding between taking his case to trial or accepting a plea bargain, he said, "The likelihood of winning the trial and max sentencing, versus the deal that would lessen them and not provide any risk." Additionally, although he appeared to have a preferred legal strategy, he was reasonably flexible when considering other possible means by which to resolve his case and repeatedly referenced seeking his attorney's advice. Mr. Barrett did not express any reason why he could not receive a fair outcome in his case and denied that anyone outside of his case could influence the outcome.

Psychological Legal Opinion

It is my opinion that at the present time Mr. Barrett meets criteria for the qualifying mental disorder of Unspecified bipolar and related disorder. Symptoms of mood disorder or psychosis do

not currently interfere with Mr. Barrett's ability to understand the nature of the proceedings, assist and cooperate with counsel, or participate in his defense. Mr. Barrett is able to make relevant autonomous decisions in his case.

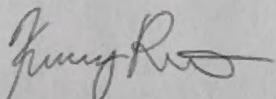
Explanation of Psychological Legal Opinion

Mr. Barrett understands the nature of the proceedings against him. He demonstrated satisfactory knowledge of the legal process, including the roles of courtroom personnel, the plea options and their outcomes, and the definitions of various legal terminology. He benefitted from education the few times it was provided during the interview. He also evidenced an appreciation for the charges against him and potential penalties he may face.

Mr. Barrett is able to cooperate and assist his counsel in his defense. Though he expressed some previous concern about her unavailability, he indicated he feels comfortable sharing pertinent information with her, and trusts her going forward in his case. Additionally, Mr. Barrett recognized his attorney's role as a resource and advocate, knew how she could best help him with his case, and repeatedly referenced seeking her advice in decisions he may be asked to make. Though hospital records suggested he had expressed some fleeting paranoia about counsel; he did not discuss these beliefs during the current interview, and exhibited understanding that working collaboratively with counsel could benefit his defense. Lastly, he demonstrated effective communication throughout the interview, indicating he is capable of engaging in an organized and meaningful discussion with his attorney.

Mr. Barrett is able to participate in his defense. He evidenced the ability to rationally weigh the relative costs and benefits of various decisions, demonstrated knowledge of how to behave in the courtroom, evidenced understanding of the adversarial nature of the system, and appropriately applied factual knowledge to his specific circumstances. He demonstrated a good grasp of possible outcomes in his case and showed a desire for a self-preserving, and reality-based, legal outcome. He did not express any delusional beliefs as part of his reasoning about how he might proceed with or resolve his case.

Respectfully submitted,



Kimberly Rideout, Psy.D.
Licensed Psychologist
Certified Forensic Evaluator
Oregon State Hospital

D. 01/24/23
R. 01/24/23 – 2117 hours
T. 01/25/23

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